



ANCHORAGE CONTINUUM OF CARE Homeless Response System Advisory Council Application

The mission of the Anchorage Coalition to End Homelessness (ACEH) is to *provide dynamic leadership to unite Anchorage in making homelessness rare, brief and one-time.*

Please note that questions below will be released in the election packet to the Advisory Council and Board. All sensitive and personal information will be removed prior to the release.

Personal

| First Name | Middle | Last Name | Familiar Name |
|----------------------------------|------------|------------|---------------|
| | | | |
| Address | | | |
| | | | |
| Home Phone | Work Phone | Cell Phone | Email |
| | | | |
| Employer | | | |
| | | | |
| Employer Address | | | |
| | | | |
| Type of business or organization | | | |
| | | | |

Education & History

| Institution | Degree and Major | |
|---|------------------|-----------------|
| | | |
| Institution | Degree and Major | |
| | | |
| Please list your past and present memberships on boards, committees and organizations: (business, civic, community, political, professional, recreational, religious and social). | | |
| Organization | Role/Title | Date of Service |
| | | |
| Organization | Role/Title | Date of Service |
| | | |



| Organization | Role/Title | Date of Service |
|--|------------|-----------------|
| | | |
| Organization | Role/Title | Date of Service |
| | | |
| Please list notable achievements in your services to above organizations: | | |
| | | |
| Please describe your other volunteer experience: | | |
| | | |
| How many years have you been involved or worked with homeless or housing? | | |
| | | |
| Are you currently homeless or ever experienced homelessness? | | |
| | | |
| What is your experience with ACEH? | | |
| | | |
| Who recommended you for an Anchorage Advisory Council position? Who else do you know on the Anchorage Advisory Council or ACEH Board? | | |
| | | |
| Why are you interested in serving as an Anchorage Advisory Council member? | | |
| | | |

| Please mark the areas of expertise you bring to the Advisory Council: | | | |
|---|------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Lived Homelessness Experience | <input type="checkbox"/> | School District Experience |
| <input type="checkbox"/> | Homeless Services Experience | <input type="checkbox"/> | Hospital Experience |
| <input type="checkbox"/> | Nonprofit Sector Experience | <input type="checkbox"/> | University Experience |
| <input type="checkbox"/> | Private Sector Experience | <input type="checkbox"/> | Law Enforcement Experience |
| <input type="checkbox"/> | Local Government Sector Experience | <input type="checkbox"/> | Veteran Experience |
| <input type="checkbox"/> | State Government Sector Experience | <input type="checkbox"/> | Faith-Based Organization Experience |
| <input type="checkbox"/> | Landlord Experience | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Housing Entity Experience | <input type="checkbox"/> | |
| <input type="checkbox"/> | Victim Services Experience | <input type="checkbox"/> | |
| <p>If you have experience working in homeless services, please identify any specialty areas or work with sub-populations:</p> | | | |
| | | | |



Time commitment: Anchorage Advisory Council meetings are held monthly for 2 hours. Each Advisory Council Member is also expected to serve on Continuum of Care committees as the need arises. It is encouraged for Advisory Council Members to participate in quarterly ACEH Board Meetings to engage in system work as they can. Can you reasonably commit to this amount of time?

| Please list three references: | | |
|-------------------------------|--------------|----------------------|
| Name | Relationship | Phone Number / Email |
| | | |
| Name | Relationship | Phone Number / Email |
| | | |
| Name | Relationship | Phone Number / Email |
| | | |

Optional: Attach Resume

Advisory Council Applicant Signature

Date

Advisory Council Job Description Anchorage Homeless Response System

Roles & Responsibilities

1. Oversee and advocate for the overall Continuum of Care geographic area
2. Ensure adequate resources and sustainability plan for the Anchorage Homeless Response System (HRS)
3. Enhance the Anchorage Homeless Response System's public standing
4. Determine, monitor, and strengthen the Anchorage Homeless Response System's programs and roles
5. Serve as an active advocate and ambassador for the Anchorage Homeless Response System

As a member of this HRS Advisory Council, I commit to:

- Attend and participate in Anchorage Advisory Council meetings and functions and understand that if I have three unexcused absences I will be removed from the Council
- Participate in at least one Homeless Response System committee when the need arises
- Maintain an individual membership with ACEH for the entirety of Advisory Council service
- Hold the community to a high standard of performance
- Understand Advisory Council roles and responsibilities and become sufficiently knowledgeable about the Homeless Response System and its operations to make informed decisions
- Understand the legal responsibilities that I assume as an Advisory Council Member
- Read materials sent to the Advisory Council and come prepared to Advisory Council and committee meetings
- Arrive at meetings on time and stay for the full agenda unless I have provided prior notice
- Ask for clarification on any matters or materials that I do not understand before making a decision
- Listen carefully to other Advisory Council Members and staff with an open mind and an objective perspective
- Actively work towards decisions and solutions that are in the geographic area's best interests
- Respect and maintain confidentiality of the Advisory Council and ACEH Board's business
- Avoid conflicts of interest as detailed in the Conflicts of Interest Policy
- Avoid discrimination and abide by the principles of equal opportunity
- Adhere to the Advisory Council Governance Charter, ACEH Board By-Laws, policies, and Board resolutions
- Maintain confidentiality about all internal matters of the ACEH organization

Anchorage HRS Advisory Council Signature

Date



Anchorage Coalition to End Homelessness Corporation's Conflict of Interest Policy (1 of 2)

A conflict of interest exists when an actual or perceived interest by an Anchorage Coalition to End Homelessness (ACEH) Board Member and/or Homeless Response System (HRS) Advisory Council Member causes them to participate in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain.

A conflict of interest occurs when an ACEH Board Member or HRS Advisory Council Member has a direct or indirect fiduciary or financial interest in or relationship to (including, but not limited to), ownership, employment, contractual, creditor, or consultative relationship; or Board, Advisory Council, or staff membership in a business, organization, program or other entity and:

- The ACEH Board Member or HRS Advisory Council Member has a direct financial, contractual or other recognized relationship with such entity, and / or such entity is the direct or indirect subject of a decision by the CoC
- No ACEH Board Member or Advisory Council Member shall use their position, or the knowledge gained there from, in such a manner that a conflict between the interest of the organization or any of its affiliates and their personal interests arises
- If an ACEH Board Member or HRS Advisory Council Member has an interest in a proposed transaction in the form of a personal financial interest, or in any organizations involved in the transaction, or holds a position as trustee, director, or officer in any such organization, they must make full disclosure of such interest before any discussion or negotiation of such transaction
- Any ACEH Board Member or HRS Advisory Council Member who is aware of a potential conflict of interest with respect to any matter coming before the Board, Advisory Council, or any Committee is obligated to disclose such a conflict of interest to the entire Board and / or Advisory Council



Anchorage Coalition to End Homelessness Corporation's Conflict of Interest Policy (2 of 2)

Please check one of the following:

- I am either employed by, a consultant for, an officer of, or a Board or Advisory Member of the following organization(s), which have received, may seek, or are eligible for funding under HUD guidelines. This declaration also extends to any family member. I declare the following conflict of interest:**

Organization: _____

Title: _____

Period of Affiliation: _____

Organization: _____

Title: _____

Period of Affiliation: _____

Please attach additional pages if necessary

- I am either employed by, a consultant for, an officer of, or an ACEH Board or Advisory Member of the following organization(s), which have received or may seek business / financial opportunities with the Continuum of Care (CoC). This declaration also extends to any family member. I declare the following conflict of interest:**

Organization: _____

Title: _____

Period of Affiliation: _____

Organization: _____

Title: _____

Period of Affiliation: _____

Please attach additional pages if necessary

- I do not have an apparent conflict of interest**

I have received, read and understand fully the Conflict of Interest Policy given here and will comply by bringing any potential conflict of interest situations to the Board and / or Advisory Council for consideration.

Name (Print)

Signature

Date