

Morris County Lived Experience Advisory Board Committee	Morris County CoC Continuum of Care
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Membership Registration Form

Contact Information

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Address:	
<i>Street Address</i>	<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Phone: _____ Email: _____

Are you a resident of Morris County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, have you ever received services in Morris County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever participated on a subcommittee before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Are you familiar with the Continuum of Care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, what level of knowledge do you have with the governance of a CoC? (ie; novice, intermediate, advanced understanding)

Experience

What skills, experiences, or perspectives would you contribute as a member of the Lived Experience Advisory Board?

Are there any particular issues you are interested in working on as part of the Board AND why are you interested in becoming a member of the Board?

What housing and/or shelter or other services have you utilized in Morris County, if any?
