****

WI Balance of State COC

Board Member Application

Thank you for expressing an interest in serving on the volunteer Board of the Wisconsin Balance of State Continuum of Care (WIBOSCOC). All Board Members are required to actively participate in training sessions, adhere to client confidentiality and perform assignments that have been agreed upon. Their commitment, professionalism and high ethical standards are vital to the stability and future of WIBOSCOC.

**General Information Section**

To be considered a volunteer board member, please fill in the information below accurately and completely. For any item that does not apply, please indicate with N/A and briefly describe. The information in this packet will be reviewed by the current Board of Directors and the BOS Delegates (when applying as an Additional Director).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |

(First) (Middle) (Last)

|  |  |
| --- | --- |
| Current Employer: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Address: |  |  |  |  |

(Street) (City) (State) (Zip)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing Address: |  |  |  |  |

(if different from above) (Street) (City) (State) (Zip)

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email Address: |  |

Board members may be a Local Coalition Director or Additional Director. Please select the appropriate representation you will have on the Board of Directors.

|  |  |  |
| --- | --- | --- |
| Local Coalition | If checked please list the Local Coalition: |  |
|  | Date of Local Coalition Vote: |  |

|  |
| --- |
| Additional Director |

If you are applying for Additional Director, select the category below that the organization you work for represents (select one):

|  |  |  |
| --- | --- | --- |
| Youth (18-24) | Victims of Domestic Violence | Veterans |

|  |  |  |
| --- | --- | --- |
| HMIS | Experiencing or Formerly Homelessness | Chronic Homelessness |

****

**Job/Volunteer/Board History Section**

In the space below, please describe any professional trade, business, volunteer experieice or civic organizations and any offices held, beginning with the most current or include a current resume. If you need additional space, attach extra copies of the page needed. (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or other protected status.)

|  |
| --- |
|  |

What do you believe is the role of a Board Member?

|  |
| --- |
|  |

Why do you wish to serve on the WIBOSCOC Board of Directors?

|  |
| --- |
|  |

Describe a successful project that you have been involved with and your role in the project.

|  |
| --- |
|  |

What qualifications do you have that will make you a good Board Member?

|  |
| --- |
|  |

****

**Additional Information**

|  |
| --- |
| Describe any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application. |
|  |

Below is a list of required board member responsibilities:

* Attend monthly board meetings. The board meets via phone conference and occasionally in person. Phone conference calls are generally 2 hours in length. In person board meetings are generally about 6 hours in length and usually held at a location in the middle of the state.
* Attend quarterly Balance of State meetings.
* Chair or Co-Chair at least one committee. Committee responsibilities includes recording minutes and attendance, tracking match, recruiting members, developing and/or following the established committee charter with goals, preparing presentations and updating members on committee progress during the BOS business meeting.

|  |  |  |
| --- | --- | --- |
| Is this a commitment you can make? | Yes | No |

A list of committees is available on the Balance of State website https://www.wiboscoc.org/ committees.html. After reviewing this list what committee might you be interested in chairing and why?

|  |
| --- |
|  |

*I certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that submission of this packet does not guarantee acceptance onto the Board of Directors.*

|  |
| --- |
|  |

Please Print Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature Date

**Thank you for your interest in WIBOSCOC.**

**Please email the completed packet to: wiboscoc@gmail.com and the current BOS Board secretary.**