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Prospective HCCSC Committee Member

Questionnaire

Name: _____

Agency/Organization: _____

Committee(s) of Interest: _____

1. Has your employer requested or approved your participation in the HCCSC committee(s) you are interested in joining? Y N

2. Has your employer approved your use of time during the workday to attend committee meetings? Y N

3. Are there any days or times during the workweek when you are not available to attend meetings? Y N If "yes," please specify:

4. Do any other employees from your place of employment serve currently on the committee(s) you want to join? Y N

5. Is your employer or the employer of any family member currently receiving Continuum of Care or Emergency Solutions Grant program funding? Y N

If "yes," please provide details:

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6. Do you have any reason to believe that your employer or the employer of any family members may be requesting Continuum of Care or Emergency Solutions Grant program funding in the future? Y N

7. Do you anticipate that your service on the committee(s) you want to join will present any perceived or real conflicts of interest? Y N If "yes", please explain:

8. Please describe any experience, expertise, training, or certifications you have that may be of useful in your work with the committee(s) you want to join:

9. Are you now or have you ever been homeless? Y N If "yes," please explain:
