Logo

Description automatically generated

**Lived Experience Committee Member Application**

**Type of Nomination:**

|  |
| --- |
| Self |
| Organization |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  | | | **Last Name:** | |  |
| **Email:** |  | | | **Phone #:** | |  |
| **Address:** |  | | | | | |
| **City:** |  | **State:** |  | | **Zip:** |  |

1. Please select the committee(s) in which you are interested in applying.

|  |
| --- |
| Continuum of Care (CoC) |
| Emergency Food and Shelter Program (EFSP) |
| Governance |
| Point-in-Time (PIT) Planning |
| Program Analysis and Ranking (PAR) |
| Service Continuum |

1. Committee Members ideally represent the diversity of experiences of those who have lived experience of homelessness in the *Prince William Area*. Please check all the groups with which the nominee identifies if applicable.

|  |
| --- |
| Domestic Violence Survivor |
| Black, Indigenous, Latinx, or person of Color (BIPOC) |
| Use of Mental Health or Substance Use Services |
| Resided in Emergency Shelter |
| Participated in a Permanent Supportive Housing Program |
| Received Street Outreach Services |
| LGBTQIA+ |
| Immigrant experience |
| Veteran |
| Physical or Developmental Disability |
| Jail/Prison/Re-entry Experience |
| Participated in a Rapid Rehousing Program |
| Received a voucher for permanent housing |
| Participated in Transitional Housing |
| Bilingual/multi-language-non-native English Speaker |
| Former Foster Care |
| Not Applicable (N/A) |

1. Please list any other relevant experience:

|  |
| --- |
|  |

1. Household composition when nominee experienced homelessness episode(s) \*

|  |
| --- |
| Single Adult |
| Homeless Youth Age 24 and Under |
| Parenting/Household with Minors |
| Adult-only household (couples, adult with elderly family member, adult with adult child, etc.) |

**Application Questions**

Eligible candidates are encouraged to submit written responses to the questions below. Your answers will help create a committee that represents an array of experiences of homelessness in the Prince William Area which includes Prince William County and the cities of Manassas and Manassas Park.

1. Has the nominee experienced homelessness in the Prince William Area?

|  |
| --- |
| Yes |
| No |

1. Are you currently homeless or have you experienced homelessness within the past 2 years? If you have lived experience, how long ago was it since you experienced homelessness and in what jurisdiction?

|  |
| --- |
|  |

1. This committee will represent a variety of experiences lived by people experiencing homelessness. Are you comfortable serving alongside other members with diverse backgrounds, gender identities, race, religion, and/or cultures, etc?

|  |
| --- |
| Yes |
| No |

1. What skills, experiences, or perspectives would you contribute as a member of PAR Committee or Governance Committee? \*

|  |
| --- |
|  |

1. Are there any particular issues you are interested in working on while participating on this committee? \*

|  |
| --- |
|  |

1. The Continuum of Care is interested in relieving any barriers to participating in the committee meetings (both virtual and in-person). What barriers to participation do you anticipate needing assistance with? (Examples: childcare, transportation, gas, wifi, computers, etc) \*

|  |
| --- |
|  |

1. If accepted, can the nominee commit to attending 80% of committee meetings, as scheduled based on the work of the committee? \*

|  |
| --- |
| Yes |
| No |