

King County Regional Homelessness Authority Governing Board Lived Experience Application

Board members are expected to participate in 3 hours of onboarding, monthly briefings ahead of board meetings, monthly board meetings and committee meetings as assigned.

SECTION I:

Full Name and Pronouns:

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Preferred Contact Information:

Phone:	
Email Address:	
Preferred Method of Contact: (Circle One)	Phone / Text / Email
Zip code:	
Are you able to commit up to 15 hours a month for the 1-year duration? (Circle One)	Yes / No

SECTION II:

Question 1: Please describe your understanding of the role of the KCRHA.

Question 2: What motivates you to be on the KCRHA Governing Board?

Question 3: KCRHA’s authorizing legislation requires that the Governing Board has three members representing lived experience and each of these members must possess demonstrable skills and expertise in at least one of a variety of areas including promotion of racial-ethnic equity; fiscal oversight; business operations; Federal Continuum of Care programming; services for those experiencing homelessness; and academic research on topics related to homelessness and/or performance evaluation.

Please describe how you meet these requirements.

Question 4: Detail an initiative you led that increased representation of underrepresented groups.

Question 5: Describe your leadership experiences. For example, other boards you have been a part of, community groups or leadership activities.

Question 6: How does systemic racism impact the root causes of homelessness?

Question 7: (Optional) Is there any resource you would need to fully participate as a Governing Board Member? If yes, please describe.

SECTION III:

Affiliations (please circle any that apply):

Lived experience of homelessness	YES / NO
Public or Private Funder	YES / NO If yes, what organization:
Intersecting System – e.g. Behavioral Health, Child Welfare, Criminal Justice, etc.	YES / NO If yes, please note the system.
Faith Based Organization or Partner	YES / NO
Homeless Housing and/or Service Provider	YES / NO If yes, please note the organization.
Any other affiliations you'd like to note?	

Sub-Population Representation:

Please check any areas in which you have specific experience or expertise

<input type="checkbox"/> Youth/Young Adults <input type="checkbox"/> Families <input type="checkbox"/> Chronic Homelessness <input type="checkbox"/> Single Adults (not experiencing homelessness and non-Veteran) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Veteran <input type="checkbox"/> Immigrant and Refugees
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<input type="checkbox"/> American Indian/Alaska Native Indigenous communities <input type="checkbox"/> Black/African American communities <input type="checkbox"/> Other:

Identity (optional):

How do you identify your race?	
Sexual Orientation	
Age	
Disability Status	

Region (please check any areas in which you have specific experience or expertise):

<input type="checkbox"/> Seattle <input type="checkbox"/> North King County <input type="checkbox"/> South King County <input type="checkbox"/> East King County <input type="checkbox"/> Other (please specify)
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Agreement and Signature:

I affirm that my application responses are true and complete to the best of my knowledge.

Name (print & sign)	
Dare	

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Please email completed form to [Insert Staff Email here]