

# ARHC

## Missoula At-Risk Housing Coalition

### Membership Application

*ARHC's Mission: ARHC provides a forum for community cooperation and leadership in an overall effort to address issues surrounding homelessness in the Missoula area.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Mission Statement and description of how your agency's mission relates to ARHC's mission. If applicant is not an agency, please state your personal mission as it relates to ARHC's mission. *(Attach additional pages if necessary):*

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I am currently a member of \_\_\_\_\_ subcommittee(s) (check all that apply)

- ARHC General
- Continuum of Care Coalition (CoC)
- Committee Chairs
- Executive Committee
- Housing Partnership
- Coordinated Entry System
- Homeless Persons Memorial
- Project Community Connect (PCC)
- Partners for Reintegration (PFR)
- Point In Time Count (PIT)
- SSI/SSDI Outreach, Access and Recovery (SOAR)
- Youth Homelessness (TAY – Transitional Age Youth)
- Emergency Winter Shelter
- Veteran Homelessness

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I understand that there are expectations regarding attendance and engagement for each committee. I am interested in joining or retaining my membership with \_\_\_\_\_ subcommittee(s) (check all that apply)

- ARHC General
- Continuum of Care Coalition (CoC)
- Committee Chairs
- Executive Committee
- Housing Partnership
- Coordinated Entry System
- Homeless Persons Memorial
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### **AGREEMENTS**

- In the conduct of ARHC business and through participation in ARHC meetings and activities, all members will subscribe to the following non-discrimination policy:
  - It is the intent of ARHC that no person shall be denied his or her civil rights or be discriminated against based upon his or her actual or perceived race, color, national origin, ancestry, religion, creed, sex, age, marital or familial status, physical or mental disability, sexual orientation, gender identity or expression.
- Voting Members or Designees from the applicant agency or individual will attend all general ARHC meetings.
- Voting Members and Designees will take responsibility to remain informed and keep other members in their agency informed about issues addressed at ARHC meetings.
- Voting Members and Designees will abstain from voting if they are not adequately informed about the relevant issues.
- Voting Members and Designees will abstain from voting if they have conflicts of interest regarding the relevant issues.
- A representative of the member agency will contact the ARHC Coordinator to advise of any changes in membership status, Voting Members or Designees.
- All members will follow ARHC procedures and protocols as outlined in the Policy Guide.

Applicant Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

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## Missoula At-Risk Housing Coalition

### REVIEW

Reviewed by: \_\_\_\_\_

Review Date: \_\_\_\_\_

### Membership Status (described on cover page)

Voting Member:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Email*

Voting Designee #1:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Email*

Voting Designee #2:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Email*

Member-at-Large:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Email*

Ex-Officio:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Email*

**I approve the membership of the above listed individuals in the At-Risk Housing Coalition and affirm the Voting Member, Designee and Member-at-Large designations. I confirm that ARHC members representing**

\_\_\_\_\_

**Agency (or individual) will adhere to the Agreements listed in the Membership Application.**

\_\_\_\_\_

*Agency Director or Individual Applicant Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Printed Name*