

# HOMELESS NETWORK OF YAKIMA COUNTY - ANNUAL MEMBERSHIP APPLICATION

In applying for membership, I have met the following guidelines:

- ✓ I understand and support the mission and purposes of the Network.
- ✓ I can commit to attending at least four Network meetings in the next 12-months.
- ✓ I can commit to support a subcommittee
- ✓ I have regular access to electronic mail, and am willing to accept this as the primary source of communication between Network meetings.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency you represent: \_\_\_\_\_

Legislative Relationships: \_\_\_\_\_

Subcommittee Selection:

- Data/Evaluation:** To build capacity and sustainability by supervising Network data collection, compilation, and dissemination in addition to coordinating HMIS and the ASSM.
- Resources:** To build capacity and sustainability by overseeing policy making and procurement of funding to support the work of the Network in the form of grants and other traditional fund raising methods.
- Emergency Needs:** To provide accountability for the 10-year plan and guide policy and facilitate collaboration in identifying emerging needs and advocated for strategies to meet basic human needs.
- Services:** To provide accountability for the 10-year plan and guide policy and facilitate collaboration in services aimed at assisting clients to achieve self-sufficiency.
- Affordable Housing:** To provide accountability for the 10-year plan and guide policy and facilitate collaboration in obtaining and sustaining housing with coordinated services available.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**E-mail or Fax completed application to:**  
Yakima County Department of Community Service  
Yakima County Courthouse, Rm. 102  
Fax 509-574-1521  
509-574-1522  
[tim.sullivan@co.yakima.wa.us](mailto:tim.sullivan@co.yakima.wa.us)