

Homeless Prevention & Response (HPRS) Advisory Council Application

The mission of the Anchorage Coalition to End Homelessness (ACEH) is to provide dynamic leadership to unite Anchorage in making homelessness rare, brief, and one-time.

Please note that your responses to the questions below will be shared in the election packet to current ACEH Board and HPRS Advisory Council members as they proceed with elections. All sensitive and personal information will be removed prior to sharing.

Personal Information

First Name	Middle	Last Name	Familiar Name			
Address						
Home Phone	Work Phone	Cell Phone	Personal Email	Work Email		
Employer and Current Job Title						
Employer Address						
Type of business or organization						



Education & History

Institution	Degree and Major	Degree and Major			
Institution	Degree and Major	Degree and Major			
Institution	Degree and Major				
Please list your past and present memberships on boards, committees, and organizations: (business, civic, community, political, professional, recreational, religious, and social).					
Organization	Role/Title	Dates of Service			
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Organization	Role/Title	Dates of Service			
Organization	Kole/ Title	Dates of Service			
Organization	Role/Title	Dates of Service			
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Please list notable achievements in your services to above organizations or professional life:					
Please describe your other volunteer experience:					



Please mark the areas of expertise you bring to the Advisory Council:				
Lived Homelessness Experience	School District Experience			
Homeless Services Experience	Hospital Experience			
Nonprofit Sector Experience	University Experience			
Private Sector Experience	Law Enforcement Experience			
Local Government Sector Experience	e Veteran Experience			
State Government Sector Experienc	e Faith-Based Organization Experience			
Landlord Experience	Other (please list):			
Housing Entity Experience				
Victim Services Experience				



If you have experie work with sub-pop	ence working in homeless Julations:	s services, please identif	y any specialty areas or
Time commitment	:: HPRS Advisory Council	meetings are held mont	hly for 1 hour. Each
	Member is also expected tage in system work, which		Continuum of Care east once per month. Can
	mmit to this amount of ti		·
Please list three re	ferences:		
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email
Optional: Attach	Paguma		
Optional. Attach	Resume		
Advisory Council Applicant Signature			Date