

City of Glendale Continuum of Care (CoC)
Board 2025 Nomination Form

Name of Nominee: _____ Agency: _____

Telephone: _____ Email: _____

Geographical Area or Subpopulation(s) Represented: _____

Other reasons the nominee should be considered for the CoC Board: _____

Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.

Name of Nominator: _____ Agency: _____

Contact Information: _____ Signature of Nominator: _____

Vacant Seats for Election

Licensed Health Care Organization: One representative from a licensed health care organization, as elected by CoC voting members.

Lived Experience: individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the CoC voting membership.

Please select which seat(s) the individual is being nominated for:

Health Care Lived Experience

Signed forms may be scanned and emailed to **HMIS@glendaleca.gov** or delivered to City of Glendale, Community Services & Parks 613 E. Broadway, Suite 120 Glendale, Ca 91206

The information on the statement of interest is to be filled out by the nominee. This information will be shared publicly, and personal contact information will be redacted. Self-nominations are permitted.

