



# COUNTY OF ORANGE OFFICE OF CARE COORDINATION

## Commission to Address Homelessness Recruitment Now Open

The Orange County's Office of Care Coordination is seeking applications from Orange County residents to serve on the Commission to Address Homelessness. Recruitment is being conducted **to fill six seats** on the Commission to Address Homelessness:

- **Business Representative**
- **Central Service Planning Area Representative**, Elected official or a City Manager who served or serves in the cities of Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Newport Beach, Santa Ana, Seal Beach, Tustin or Westminster
- **South Service Planning Area Representative**, Elected official or a City Manager who served or serves in the cities of Aliso Viejo, Dana Point, Irvine, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or County Unincorporated
- **Faith-Based Community Representative**
- **Philanthropic Leader**, leader funding solutions to address homelessness
- **Lived Experience Representative**, individual who has current or past lived experience of homelessness

To apply for a Commission to Address Homelessness seat, **please complete an application and submit your resume to the Office of Care Coordination by 5:00 pm on July 28, 2025**

Completed application and resume can be emailed to [carecoordination@ocgov.com](mailto:carecoordination@ocgov.com) or mailed to the address below:

County Administration North  
Office of Care Coordination  
400 W. Civic Center Drive, 3<sup>rd</sup> Floor  
Santa Ana, CA 92701

The membership of the Commission to Address Homelessness makes recommendations to the Orange County Board of Supervisors that shape policy and design programs aimed at addressing the needs of individuals and families at risk of homelessness or experiencing homelessness across Orange County. The Orange County Board of Supervisors appoints the selected candidate to the Commission to Address Homelessness.

Commissioners serve a two-year term and meet six times per year. Meetings are bi-monthly, on the third Wednesday of the month at 1:00 pm at the County Administration South, Conference Center, 425 West Santa Ana Boulevard, Santa Ana, CA 92701.

Please visit the Office of Care Coordination website at [Commission to Address Homelessness | Orange County CEO's Office \(ocgov.com\)](https://www.ocgov.com/Commission-to-Address-Homelessness).

For additional information, please contact the Office of Care Coordination at (714) 834-5000 or via email at [carecoordination@ocgov.com](mailto:carecoordination@ocgov.com).



APPLICATION FOR COUNTY OF ORANGE  
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:  
County Executive Office  
Office of Care Coordination  
400 West Civic Center, 3rd Floor  
Santa Ana, California 92701

**Instructions:** Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

**NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://www.ocgov.com/gov/cob/bcc/contact)):**

Commission to Address Homelessness

**SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE:**  First  Second  Third  Fourth  Fifth

**APPLICANT NAME AND RESIDENCE ADDRESS:**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Number Cell Phone Number

\_\_\_\_\_  
Email Address

**CURRENT EMPLOYER:** \_\_\_\_\_

**OCCUPATION/JOB TITLE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please attach a current resume to this application that includes your work history and any additional information that would be helpful in evaluating your application. Applications received without a resume attached will not be considered.

**ARE YOU A CITIZEN OF THE UNITED STATES:**  YES  NO

**IF NO, NAME OF COUNTRY OF CITIZENSHIP:** \_\_\_\_\_

**ARE YOU A REGISTERED VOTER?**  YES  NO

**IF YES, NAME COUNTY YOU ARE REGISTERED IN:** \_\_\_\_\_

**LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.**

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)?**  YES  NO

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**DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST?**  YES  NO

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**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?**

YES  NO

**IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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**1. WHAT UNIQUE SKILLS, EXPERIENCE, OR PERSPECTIVES DO YOU BRING THAT MAKE YOU ESPECIALLY WELL-SUITED TO WORK ON SOLUTIONS TO HOMELESSNESS IN OUR COMMUNITY? ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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**2. AS A REGIONAL LEADER, HOW WOULD YOU USE YOUR ROLE TO BRING TOGETHER DIVERSE PARTNERSHIPS TO SUPPORT COUNTYWIDE INITIATIVES TO ADDRESS HOMELESSNESS? ATTACH ADDITIONAL SHEETS, IF NECESSARY.**

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DATE: \_\_\_\_\_ APPLICANTS SIGNATURE: \_\_\_\_\_

**CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Deputy Clerk of the Board of Supervisors

Date referred: \_\_\_\_\_

- To:     BOS District 1         BOS District 2         BOS District 3         BOS District 4         BOS District 5  
       All BOS                 BCC Contact Person Name \_\_\_\_\_