



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:

- **Behavioral Health Representative**, with expertise in services for people experiencing homelessness with mental health and substance use disorders
- **Two Continuum of Care Board Representatives**
- **Hospital Representative**, with expertise in the local hospital emergency room treatment and discharge system
- **Orange County Sheriff-Coroner Department Representative**, in a leadership and/or command level role with knowledge of the Orange County's System of Care
- **At-Large Member**

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 September 19, 2025.**

Completed application and resume can be emailed to carecoordination@ceo.oc.gov or mailed to the address below:

County Administration North
Office of Care Coordination
400 W. Civic Center Drive, 3rd
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 ceo.oc.gov/office-care-coordination

For additional information, please contact the Office of Care Coordination at (714) 834-5000 or via email at carecoordination@ceo.oc.gov.



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.

ORGANIZATION/SOCIETY

FROM (MO./YR.)

TO (MO./YR.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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.

1. PLEASE INDICATE THE SEAT(S) FOR WHICH YOU ARE SUBMITTING AN APPLICATION.

- ☐ BEHAVIORAL HEALTH REPRESENTATIVE
- ☐ CONTINUUM OF CARE BOARD REPRESENTATIVE
- ☐ HOSPITAL REPRESENTATIVE
- ☐ ORANGE COUNTY SHERIFF-CORONER DEPARTMENT REPRESENTATIVE
- ☐ AT-LARGE MEMBER

2. 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.

3. 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.

REPRESENTATIVE 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 _____