



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 one seat** on the Commission to Address Homelessness:

Orange County Sheriff-Coroner Representative

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 March 20, 2026.**

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 North, 400 West Civic Center Drive, 1st Floor, Room 101, 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@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.

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

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.

ORANGE COUNTY SHERIFF-CORONER DEPARTMENT REPRESENTATIVE

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.

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 _____