

Affordable Homeless Housing Alternatives

Board Application



Thank you for agreeing to have your name submitted as a possible nominee for Affordable Homeless Housing Alternatives (AHHA) Board of Directors. The AHHA Governance Committee will review this application for consideration. As the makeup of the Board changes, the Governance Committee is charged with recruiting possible nominees that meet the current or future needs of the Board. This application will help the Board match your expertise and skills with the needs of the Board. Feel free to provide any other information you deem appropriate. The information provided in this application will be used strictly by AHHA Board and Executive Director. No information provided will be shared with others.

AHHA is a 501(c)(3), a non-profit organization. Being on the Board of Directors requires a commitment to the AHHA's mission and a willingness to participate as the Articles of Incorporation and Bylaws require. The Board meets monthly, with the Annual meeting scheduled in January each year. The Board consists of 5 –11 members.

Please save a copy of this document for your records and return with a resume or brief bio. to:

AHHA at PO Box 3794 Eureka Ca 95502-3794, or submit it electronically to ahha.humco@gmail.com. You can also bring it to the next General Assembly, the first Saturday of each month, Noon to 2 pm, at the Labor Temple, 840 E Street, Eureka. Thank You!

Please complete the following information

Full Legal Name: _____

Address: _____

City: _____ Zip _____

Phone: (work) _____ (Home) _____ (Cell) _____

E-mail Address: _____

Interest in volunteering with AHHA

Board members serve three-year terms. The Board currently meets at 4:00 PM - 6:00 PM the third Wednesday of each month at the organization's office, 840 E Street in Eureka. The meetings last two hours. There will be at least one additional committee meeting in addition to the monthly Board meeting. It is also mandatory Board Members spend 5 hours a week solely on AHHA business and operations.

Are you able and willing to make that commitment of time?

YES ____ NO ____

If Yes, what days and times/comments:

What skills or areas of expertise would you bring to the Board?

What is your experience with living with and/or working with people living on the edge of poverty and homelessness? Or, your interest in AHHA?

Do you have relevant background/experience/skills that would benefit or move the vision and mission of AHHA forward?

Are you familiar with the services of AHHA?

YES ____ NO ____

If so, please explain:

Do you have any current relationships with staff of AHHA or any current clients? YES ____ NO ____

If, yes, please explain:

Personal Interests

Community Organizations/Activities in which you are involved:

Education and Training (Please also submit a resume if you have one):

Hobbies/ Areas of Interest:

Signature of Applicant

Date

Mailing Address _____

City: _____ Zip _____

THANK YOU.

AHHA Board of Directors

P.O. Box 3794, Eureka Ca 95502-3794

(707) 267-4035