



Chittenden County Homeless Alliance

Working to End Homelessness

Chittenden County Homeless Alliance

Voting Member Questionnaire

Organization: _____

Voting Member name: _____

Date: _____

Have you attended at least one Steering Committee meeting in the last year?

Yes ____ No ____

Have you (or a member of your staff) served on one or more sub-committees (Steering Committee Voting Members must serve on another committee in addition to the Steering Committee, as described in the Governance Charter, Article VII, Section 5)?

Yes ____ No ____

Which sub-committee have you participated in:

____ Coordinated Entry; Name of Representative: _____

____ Strategic Planning; Name of Representative: _____

____ Point in Time (PIT) and Data; Name of Representative: _____

____ Outreach and Membership; Name of Representative: _____

To maintain voting status as a Member of the CCHA Steering Committee, I understand that I (or a member of my organization) need to join and be an active member of one CCHA sub-committee. I understand that lack of consistent participation in a sub-committee may result in revocation of my voting privileges.

Signature of Voting Member

Date

For CCHA Purposes:

Co-Chair Signature: _____

Date Reviewed: _____

Co-Chair Signature: _____

Date Reviewed: _____