



Missoula At-Risk Housing Coalition

Membership Application

ARHC's Mission: ARHC provides a forum for community cooperation and leadership in an overall effort to address issues surrounding homelessness in the Missoula area.

First Name: _____ Last Name: _____

Name of Agency: _____

Position/Title: _____

Email Address: _____ Phone Number: _____

Agency Mission Statement and description of how your agency's mission relates to ARHC's mission. If applicant is not an agency, please state your personal mission as it relates to ARHC's mission. (*Attach additional pages if necessary*):

I understand that there are expectations regarding attendance and engagement for each committee. I am interested in joining or retaining my membership with _____ subcommittee(s) (check all that apply)

- AHRC General
- Continuum of Care Coalition (CoC)
- Executive Committee
- Missoula Coordinated Entry System
- Homeless Persons Memorial
- Point In Time Count (PIT)
- SSI/SSDI Outreach, Access and Recovery (SOAR)
- Houseless Providers Working Group



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AGREEMENTS

- In the conduct of ARHC business and through participation in ARHC meetings and activities, all members will subscribe to the following non-discrimination policy:
 - It is the intent of ARHC that no person shall be denied his or her civil rights or be discriminated against based upon his or her actual or perceived race, color, national origin, ancestry, religion, creed, sex, age, marital or familial status, physical or mental disability, sexual orientation, gender identity or expression.
- Voting Members or Designees from the applicant agency or individual will attend all general ARHC meetings.
- Voting Members and Designees will take responsibility to remain informed and keep other members in their agency informed about issues addressed at ARHC meetings.
- Voting Members and Designees will abstain from voting if they are not adequately informed about the relevant issues.
- Voting Members and Designees will abstain from voting if they have conflicts of interest regarding the relevant issues.
- A representative of the member agency will contact the ARHC Coordinator to advise of any changes in membership status, Voting Members or Designees.
- All members will follow ARHC procedures and protocols as outlined in the Policy Guide.

Applicant Signature: _____ Application Date: _____

FOR OFFICE USE ONLY

REVIEW/APPROVAL

Reviewed and Approved by: _____

Review Date: _____