**Appalachian Regional Coalition on Homelessness Continuum of Care (ARCH CoC)**

**Membership Form**

By signing below, I agree follow the ARCH Code of Conduct, agree to work towards the ARCH goals as stated in the ARCH CoC Governance Charter, and serve on at least one CoC committee.

Code of Conduct

While representing the ARCH CoC, performing the business of the CoC, or administering a CoC Program grant, members are expected for conduct themselves according to the following code:

1. Abide by the governing documents and policies of the ARCH CoC.
2. Comply with applicable federal, state, and local laws, regulations, and fiduciary responsibilities.
3. Not accept commissions, gifts, payments, loans, or other items of value from anyone who has or may seek some benefit from the ARCH CoC.
4. Act at all times in accordance with the highest ethical standards and in the best interest of the ARCH CoC, its members, program participants, and constituents.
5. Respect the confidentiality of sensitive information about the ARCH CoC, its members, program participants, and staff.
6. Respect the uniqueness and intrinsic worth of every individual, and treat all people with dignity, respect, and compassion.
7. Develop, administer, and advocate for policies and procedures that foster fair, consistent, and equitable treatment for all.

I would like to serve on one or more of the following committees:

[ ]  Program Review Subcommittee [ ]  Ranking Subcommittee

[ ]  Governance Subcommittee [ ]  CoC HMIS/Data Subcommittee

[ ]  CARE Subcommittee [ ]  Veterans Subcommittee

[ ]  VSP Subcommittee [ ]  PIT Count Subcommittee

This membership expires upon formal resignation or at the end of the fiscal year which is on June 30th.

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Name Agency

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Email address Contact phone number

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Signature Date

Filing Instructions: Emailed forms will be filed with email attached as proof of electronic signature.