Lived-Expertise Action Board

INTEREST FORM

Join a collective of individuals with lived experiences of homelessness and use your voice to impact the housing system. Develop your leadership skills, create positive change and work with like-minded individuals to advocate for those currently experiencing homelessness. The commitment is 20 hours a month for \$25/hour.

| Information | | | | | |
|--|--|--|-------------|-------------|--|
| Full Name | | Birthday | | | |
| Phone Number | | *Do you consent to rece marketing? | eive email | Yes No | |
| Email Address* | | | | | |
| It's important to us to make sure that we're collaborating with people whose identities, backgrounds, and experiences reflect the diversity of our community. We're asking the following questions to understand more about your identities, backgrounds, and experiences. None of these responses will be used to disqualify you from participating in the LEAB/YLEAB. Please only share information you feel safe sharing right now. | | What part(s) of Santa Cruz have you lived in? (select all that apply) North County (Santa Cruz County) SLV (Davenport, Bonny Doon, Scotts Valley, Felton, Boulder Creek, Ben Lomond) Mid County (Soquel, Capitola, Live Oak, Aptos) | | | |
| Race (select all that apply) | | South County, (Corralitos, Freedom, Watsonville) | | | |
| American, A | laska Native/Indigenous | Gender (selec | ct all that | apply) | |
| Asian or Asi | an American | Male | | Female | |
| Black or Afri | can American | Non-Binary | | Transgender | |
| Native Hawa | aiian or Pacific Islander | Rather Not Say | у | Other | |
| Hispanic, La | tino, or Spanish | | | | |
| Middle Easte | Middle Eastern or North African Pronouns (select all that apply) | | | | |
| White | | She/Her | | They/Them | |
| Other | | He/Him | | Other | |
| What action board are you interested in? | | | | | |
| YLEAB (Youth Lived-Expertise Action Board) *Must be 18-24 years of age | | | | | |

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| What topics are you most passionate about and why? | | |
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| Is there anything else we should know about you? Any questions you want to ask us right now? | | |
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| Personal Reference | | | | |
|--------------------|--------------|--|--|--|
| First Name | Last Name | | | |
| Phone Number | Relationship | | | |
| Email Address | | | | |

Questions? Call or text: LEAB: Sheryl at (831) 359-2932 | YLEAB: Alex at (831) 345-4570

Please submit this interest form online, via email or in person at 1000 Emeline Avenue, Santa Cruz, CA. livedexpertise@santacruzcountyca.gov | housingforhealthpartnership.com