



## Fredericksburg Regional Continuum of Care Membership Form

*For individuals not associated with an organization*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your experience in homeless needs and services:

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Please describe your interest in homeless needs and services:

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Have you ever been a consumer of homeless services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Have you ever been directly involved in providing homeless services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Will you participate in the annual Point-In-Time Homeless Census held in January?

\_\_\_\_\_ Yes \_\_\_\_\_ No

By signing below, the prospective member acknowledges that he or she has read and understands the responsibilities set forth in the **Fredericksburg Regional Continuum of Care Policies and Procedures**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_