

INTEREST FORM: PART ONE

CoC General Member Information

Name: **Marisol Johnson**

If you represent a specific organization in Orange County,
please list your organization & role: **Dayle McIntosh Center**

Pronouns (for example: she/her, he/him, they/them, xe/hir): **She/Her/Ella**

What qualities, skills, and experience do you bring that would help the CoC Board to further its work in ending homelessness and furthering equity and inclusion?

I am currently the Housing Liaison at Dayle McIntosh Center. My nearly five years of combined experience in both Community Transitions and the Housing Department have equipped me with a deep understanding of the needs of our community.

Additionally, I have developed and launched the Disability-Friendly Community Initiative to assist providers in learning how to be more disability friendly, and inclusive.

What qualities or characteristics do you bring to a collaborative environment?

I believe in open communication, mutual respect, accountability, empathy, constructive conflict resolution foster to work together effectively to achieve shared goals.

2024 Continuum of Care Board Candidate Interest Form

While having a conflict of interest does not make you ineligible to serve on the CoC Board, it helps CoC staff for record keeping purposes. Do you have any current conflicts of interest or previous ties to any agency that is a recipient or sub-recipient of CoC funding in the Orange County CoC? Examples of conflicts might include: Current or former staff, Board member, volunteer or client/participant at a CoC-funded agency, etc. For further information on what constitutes a conflict of interest, please click [here](#). For a current list of CoC-funded agencies, please click [here](#).

If yes or not sure, please describe the potential conflict(s) of interest:

We want to make sure that people who are elected to the Board have the support from their employer, agency, or group they represent (if applicable) to fully participate in the CoC Board. If applicable: is your employer, agency, or the group you represent aware that you plan to run for a CoC Board seat?

If applicable: does your employer understand the full commitment that you are making to the CoC Board, including time commitments to meetings, potential time away from work, and responsibilities you'll hold?

The CoC Board aims to accomplish the following goals: Permanently House Those Experiencing Homelessness
Ensure an Efficient, Dignified System Promote an Equitable, Just System Drive System-Wide Engagement and
Collaboration Strengthen Regional Leadership and Accountability Smartly Allocate Funds to Match the Greatest
Needs Which of these goals resonate with you most, and where would you like to contribute to accomplishing these goals?

My goal is to focus on areas where people often fall through the cracks, ensuring resources are directed to give them a real chance at securing stable housing. It's about amplifying the voices of those who are unheard and creating opportunities for meaningful change.

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Please discuss one (1) significant challenge to addressing homelessness in Orange County. If you could wave a magic wand to address this challenge, what would your solution be?

I want individuals to have enough financial resources to afford rent that is manageable, allowing them to meet their personal needs and maintain a balanced and fulfilling life.

Are you able to commit to attending at least 75% of CoC Board meetings each year? The CoC Board meets monthly, currently every fourth Wednesday from 2:00 p.m. - 5:00 p.m., though that time is subject to change. **Yes**

Are you able to commit to serving on at least one CoC committee, working group, or ad-hoc committee, and to attend at least 75% of that committee, working group, or ad-hoc's meetings? This is usually 1-2 hours per month, though, depending on the group you choose to participate in, the time commitment could be higher. **Yes**

Do you currently live or work in Orange County? Please select all that apply. **I live in Orange County,**
I work in Orange County

INTEREST FORM: PART TWO

Have you experienced homelessness? **No**

If you answered "yes" to the question above, please check all of the following that apply and that you feel comfortable disclosing.

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What is your race and/or ethnicity?

Person of Color (including but not limited to people who are: Asian, Asian-American, Pacific Islander, Native Hawaiian, Latino/a/e/x, Central American, South American, Caribbean, Middle Eastern, North African)

Are you 2SLGBTQQIA+ (2-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual/aromantic, +)? Please check all of the following that apply and that you feel comfortable disclosing.

Yes - I'm 2SLGBTQQIA+ based on my sexual and/or romantic orientation (e.g., I'm lesbian, gay, bi, pan, queer+)

Do any of the following identities or experiences apply to you?

I have a disability or disabling condition (could be any type of disability including mental, physical, etc.)

Please select all of the entities or areas with which you have a personal or professional background or experience.

Homeless system programs: Family Agency
