

INTEREST FORM: PART ONE

CoC General Member Information

Name: **Robert "SantaBob" Morse**

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

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

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 have 20 years experience in various ways on the homeless issue. From years of Homelessness to Service Provider and Advocacy. Currently LEAC Committee and CoC plus Commission to End Homelessness.

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

A knack for seeing an issue from a different perspective. Enthusiastic about collaboration. Firmly believe in all hands on deck is needed to End Homelessness.

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](#).

No

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?

Not Applicable (N/A): I'm not affiliated with or representing a specific employer, agency, or group. I would be participating in the CoC Board on my own time.

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?

N/A: I'm not affiliated with or representing a specific employer, agency, or group. I would be participating in the CoC Board on my own time.

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?

Strengthen Regional Leadership and Accountability, because the CoC is not going to End Homelessness by itself. We need County wide action . To start I would like to continue with the Commission to End Homelessness. I have made progress there.

2024 Continuum of Care Board Candidate Interest Form

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?

The biggest challenge is Money. The cost of Homelessness is beyond current spending. Mo money money please

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**

INTEREST FORM: PART TWO

Have you experienced homelessness? **Yes**

If you answered "yes" to the question above, please check all of the following that apply and that you feel comfortable disclosing. **I have experienced homelessness as an older adult**

What is your race and/or ethnicity? **White**

2024 Continuum of Care Board Candidate Interest Form

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.

No, I'm not 2SLGBTQQIA+

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.),

Someone in my immediate family has served in the military or armed forces,

I'm an older adult

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

Behavioral health field,

Faith-based organization or community,

Homeless system programs: Street Outreach,

Homeless system programs: Emergency Shelter
