

## INTEREST FORM: PART ONE

### CoC General Member Information

Name: **Sammy Rae Silva**

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

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

---

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?

Lived experience as a trans homeless person

---

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

Leadership skills and understanding

---

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](#).

**I'm not sure**

---

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

I'm currently in a homeless shelter as a participant and don't know if y'all fund them

---

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?

Permanently house those experiencing homelessness

---

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?

More funding and better communication

---

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**

---

2024 Continuum of Care Board Candidate Interest Form

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?

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 in the last 5 years,  
I have experienced homelessness as an adult on my own or with a partner, but without children in my household

---

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+),  
Yes - I'm 2SLGBTQQIA+ based on my gender identity and/or expression (e.g., I'm trans, non-binary, intersex, gender fluid, 2-spirit, gender non-conforming+)

---

2024 Continuum of Care Board Candidate Interest Form

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.),**  
**I'm neurodivergent (e.g., I have ADHD or am autistic),**  
**Someone in my immediate family has served in the military or armed forces,**  
**I have experienced domestic violence or intimate partner violence**

---

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

**Behavioral health field,**  
**Homeless system programs: Emergency Shelter,**  
**Homeless system programs: Rapid Rehousing**

---