

## Sonoma County Continuum of Care (CoC) Board 2022 Nomination Form

Name of Nominee: Albert Bruin	Agency:	
Telephone:	Email:	<b>I</b>
Geographical Area or Subpopulation	n(s) Represented: Santa Rosa, Petaluma	Persons put off by experiences with provide
Experience with homeless and homelessness sin		
Please fill out this section only if forward the Statement of Int	you are nominating someone other terest form to the individual you are	than yourself. Please ensure you nominating for completion.
	Agency:	
Contact Information:	Signature of N	Iominator:
	Vacant Seats for Election	
<b>1 Second Provider:</b> One representation appointed seat, as elected by CoC volume 1.	tive of a homeless services provider o oting members	different than the one with an
<b>1 Licensed Health Care Organization</b> elected by CoC voting members.	n: One representative from a license	d health care organization, as
<b>2 At Large</b> : at large seats as selected themselves.	d by voting CoC members; the candic	lates need not be CoC members
within five years (at the time of elec	tly experiencing homelessness or whation) prior to the Board election, as e ermined by the Board) or if not then	elected by the Lived Experience and
Candidates may run for no more that an at-large position.	an two seats. Should a candidate run	for two seats, one of them must be
Please select w	hich seat(s) the individual is being r	nominated for:
□ Provider □ Licensed	Health Care Organization □ At Lar	ge Lived Evnerience

Nominations and Statement of Interest must be received by 5:00 pm on February 23, 2022

Signed forms may be scanned and emailed to <a href="Maileo Santa Rosa">Karissa.White@sonoma-county.org</a> or delivered to Sonoma County Continuum of Care, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403. The information on the statement of interest is to be filled out by the nominee. This information will be shared publicly and personal contact information will be redacted. Self-nominations are permitted.



## Sonoma County Continuum of Care (CoC) Board 2022 Statement of Interest

This section is to be filled out by the individua	al being nominated and will be shared publicly
Name of Candidate: Albert Bruin	Agency:
Please provide a statement of your interest in the Sor	
Signature of Candidate:	F-1 02 0000
Signature of Candidate:	Date: February 23, 2022