



# Northern Illinois Homeless Coalition

## 2025 Membership Application

All those who wish to serve on the IL-501 Continuum of Care (CoC) covering Boone, Winnebago, Rockford, and DeKalb are welcome to join. To join, please complete and submit the following items:

- > Membership application
- > Conflict of interest disclosure (*one per each name on the application*)
- > Code of conduct (*one per each name on application*)
- > Membership fee

**For organizations:**

- > Designate one **voting** member
- > Designate one **alternate voting** member
- > Additional staff must register as **non-voting representative**

Membership Fees:

- \$50.00 (1)** One Year 2025                       **\$200.00 (5)** Five Years 2025-2029

<b>Organization Name:</b>			
Address:			
Phone:		Fax:	
Website:		Date:	

<b>Voting Representative Name:</b>			
Email:			
Phone:			

<b>Alternate Voting Representative Name:</b>			
Email:			
Phone:			

<b>Non-Voting Representative Name:</b>			
Email:			
Phone:			

*For additional non-voting representatives, please write on the back.*

<b>Individual Representative Name:</b>	
Email:	
Phone:	

By submission of this form and the membership fee, the above-listed member(s) pledge to adhere to the code of conduct and terms of membership of the Northern Illinois Homeless Coalition.

Please contact the CoC Board Chairperson for information on membership scholarships for the homeless, formally homeless, or an agency/individual who lacks the financial resources as determined by the Continuum Board.

Checks should be made out to the **Northern Illinois Homeless Coalition**.

Completed application packet can be sent to:

Angela Wood-Zuzevich  
**Veterans Path to Hope**  
**805 S McHenry Ave**  
**Crystal Lake, IL 60014**  
awood@vphope.org

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**NOTES:**



Northern  
Illinois  
Homeless  
Coalition

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## *Code of Conduct Form*

Complete a form for each member

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1. A Member has a duty of good faith to the Continuum of Care and its mission.
  2. A Member has a duty to use care, skill, and diligence when carrying out official acts.
  3. A Member has a duty to act within the boundaries of his or her authority.
  4. A Member may not divulge or profit from the confidential information learned while performing official duties.
  5. A Member has a duty to participate in the operations of the Continuum only as authorized in the bylaws or by the Continuum Board.
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By signing, I agree to the Continuum of Care Code of Conduct:

<b>Organization</b>	
<b>Name &amp; Title</b>	
<b>Signature:</b>	
<b>Date:</b>	



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## *Conflict of Interest Disclosure Form*

Complete a form for each member

A conflict of interest exists when an actual or perceived interest by a Continuum of Care (CoC) member causes them to participate in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain.

A conflict of interest occurs when a member has a direct or indirect fiduciary or financial interest in or relationship to (including, but not limited to), ownership, employment, contractual, creditor, or consultative relationship, or Board or staff membership in a business, organization, program or other entity and:

- The CoC member has a direct financial, contractual, or other recognized relationship with such entity, and/or such entity is the direct or indirect subject of a decision by the CoC.
- No Member shall use his or her position, or the knowledge gained there from, in such a manner that a conflict between the interest of the organization or any of its affiliates and his or her personal interests arises.
- If a Member has an interest in a proposed transaction in the form of a personal financial interest, or in any organizations involved in the transaction, or holds a position as trustee, director, or officer in any such organization, he or she must make full disclosure of such interest before any discussion or negotiation of such transaction.
- Any Member who is aware of a potential conflict of interest with respect to any matter coming before the board or any committee is obligated to disclose such a conflict of interest to the entire board.

By my signature below, I certify that I have read, understand, and support the definition of Conflict of Interest given here.

**Please select one:**

- I am either employed by a consultant for, an officer of, or a board or advisory member of the following organization(s), which have received, may seek, or are eligible for funding under HUD guidelines. This declaration also extends to any family member. I declare the following conflict of interest:
- I am either employed by a consultant for, an officer of, or a board or advisory member of the following organization(s), which have received or may seek business/financial opportunities with the Continuum of Care. This declaration also extends to any family member. I declare the following conflict of interest:
- I do not have an apparent conflict of interest.

<b>Organization Name:</b>	
<b>Your Name &amp; Title</b>	
Period of Affiliation:	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date