



## Rock River Homeless Coalition 2020 Membership Application

All those who wish to serve on the Continuum of Care (CoC) and its committees are welcome to join and need to complete and submit the following:

- Membership application
- Conflict of interest disclosure
- Code of conduct
- Membership fee

If representing an organization, please designate only one voting and one alternate voting member per organization. Additional organization staff can register as a “non-voting” representative.

Membership Fee: \$25.00 a year or \$100.00 for 5 years

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Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Website address (if applicable): \_\_\_\_\_

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I will be serving as (check one):

- Organization Voting Representative       Organization Voting Alternate Representative
- Organization Non-Voting Representative       Individual representative, government or other
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I understand and agree to the terms of membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Membership scholarships will be made available 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 "Winnebago/Boone CoC".**

**\*\*\*\* Complete and return forms and check to:**

Susan Rader – Youth Services Network – 107 N. 3<sup>rd</sup> Street – Rockford, IL 61107

# **Rock River Homeless Coalition**

## **Code of Conduct**

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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:

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Print Name

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Signature

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Date

# **Rock River Homeless Coalition**

## **Conflict of Interest Disclosure Form**

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.
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# Rock River Homeless Coalition

## Conflict of Interest Disclosure Form

By my signature below, I, \_\_\_\_\_, certify that:

I have read, understand and support the definition of Conflict of Interest given here. (Please check 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:

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

*Please attach additional pages if necessary*

- 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:

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

*Please attach additional pages if necessary*

- I do not have an apparent conflict of interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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