# PALM BEACH COUNTY HIV CARE COUNCIL MEMBERSHIP APPLICATION

## SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME:

RESIDENCE ADDRESS:

CITY: STATE: ZIP CODE:

DATE OF BIRTH: PHONE: FAX:

CONTACT EMAIL:

## SECTION 2: PROFESSIONAL INFORMATION

CURRENT EMPLOYER:

BUSINESS ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: FAX:

JOB POSITION OR TITLE:

## SECTION 3: AFFILIATIONS

ARE YOU A MEMBER OF ANY ADVISORY BOARD OR BOARD OF DIRECTORS? YES ☐ NO ☐
If yes, please elaborate below:

ARE YOU A MEMBER OF ANY COUNTY ADVISORY BOARDS? YES ☐ NO ☐
If yes, please list below:

DO YOU PERFORM ANY CONSULTING WORK RELATED TO HEALTH CARE, HUMAN SERVICES, OR HIV/AIDS SERVICES? YES ☐ NO ☐
If yes, please elaborate below:

DO YOU RECEIVE SERVICES FROM A RYAN WHITE PROVIDER? YES ☐ NO ☐

## SECTION 4: DEMOGRAPHIC INFORMATION **Please check all appropriate boxes.**

GENDER IDENTITY: MALE ☐ TRANSGENDER MALE ☐ FEMALE ☐ TRANSGENDER FEMALE ☐

(MALES ONLY) Are you a male that identifies as gay, bisexual or a man who has sex with men? (MSM) (OPTIONAL) YES ☐ NO ☐

AGE: 20-29 yrs ☐ 30-39 yrs ☐ 40-49 yrs ☐ 50-59 yrs ☐ 60+ yrs ☐

ARE YOU INFECTED WITH HEPATITIS **C** ? YES ☐ NO ☐ ARE YOU INFECTED WITH HEPATITIS **B** ? YES ☐ NO ☐

**ETHNIC OR RACIAL ORIGIN**

- ☐ AMERICAN INDIAN
- ☐ AFRICAN AMERICAN
- ☐ CARIBBEAN
- ☐ CAUCASIAN
- ☐ CUBAN
- ☐ GUATEMALAN/MAYAN
- ☐ HISPANIC
- ☐ HAITIAN
- ☐ MEXICAN
- ☐ PUERTO RICAN
- ☐ SOUTH AMERICAN
- ☐ OTHER _____

**WHICH MEMBERSHIP CATEGORIES PERTAIN TO YOU?**

- ☐ HEALTH CARE PROVIDER
- ☐ AFFECTED COMMUNITY (INCLUDES HIV+ PERSONS)
- ☐ COMMUNITY BASED AIDS SERVICE ORGANIZATION
- ☐ NON-ELECTED COMMUNITY LEADER
- ☐ SOCIAL SERVICE PROVIDER
- ☐ STATE GOVERNMENT
- ☐ REPRESENTATIVE OF/OR FROM FORMERLY INCARCERATED PLWHA
- ☐ MENTAL HEATH CARE PROVIDER
- ☐ SUBSTANCE ABUSE PROVIDER
- ☐ LOCAL PUBLIC HEALTH AGENCY
- ☐ RYAN WHITE PART B GRANTEE/SUB GRANTEE
- ☐ HOSPITAL OR HEALTH CARE PLANNING AGENCY
- ☐ OTHER FEDERAL HIV PROGRAMS

**WHAT ARE YOUR AREAS OF INTEREST?**

- ☐ SUBSTANCE ABUSE/MENTAL HEALTH
- ☐ HEALTH AND HUMAN SERVICES PLANNING
- ☐ WOMEN'S ISSUES
- ☐ GAY/BISEXUAL MEN'S ISSUES
- ☐ PEDIATRICS/ADOLESCENTS
- ☐ FINANCE

**WHAT COMMITTEES ARE YOU INTERESTED IN JOINING?**

- ☐ PLANNING/NEEDS ASSESSMENT
- ☐ MEDICAL AND SUPPORT SERVICES
- ☐ MEMBERSHIP
- ☐ LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM
- ☐ QUALITY MANAGEMENT
- ☐ PRIORITIES AND ALLOCATIONS
- ☐ COMMUNITY AWARENESS

## SECTION 5: OTHER INFORMATION

DO YOU WORK FOR AN AGENCY THAT RECEIVES RYAN WHITE OR HOPWA FUNDING? YES ☐ NO ☐

DO YOU WORK FOR AN AGENCY INTENDING TO APPLY FOR RYAN WHITE OR HOPWA FUNDS? YES ☐ NO ☐

ARE YOU REPRESENTING THE AFFECTED COMMUNITY? YES ☐ NO ☐

ARE YOU ABLE TO ATTEND A MINIMUM OF TWO (2) COMMITTEE MEETINGS PER MONTH? YES ☐ NO ☐

**PLEASE DESCRIBE BELOW WHAT SKILLS, ABILITIES AND EXPERIENCE YOU WOULD BRING TO THE CARE COUNCIL.**

## SECTION 6: NOTICE TO APPLICANTS

As a member of the Palm Beach County HIV CARE Council, you are subject to Florida's Government-In-The-Sunshine requirements. Certain personal requirements are placed upon you and your conduct with other members, the public at large and the Department of Community Services. Upon notification of appointment, all new members will undergo a new member orientation which will include complete discussion of Government-In-The-Sunshine.

Certain assurances pertaining to potential conflicts-of-interest must be executed by all members of the Palm Beach County HIV CARE Council. Disclosure of business and personal relationships with agencies or individuals benefitting from award of Ryan White Funding must be given each time an issue is raised which could present a conflict of interest. Council members must indicate prior to discussion any potential conflicts, and must abstain from voting on issues presenting a potential conflict.

| Signature of applicant: | Date: |
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