



PALM BEACH COUNTY HIV CARE COUNCIL MEMBERSHIP APPLICATION

SECTION 1: APPLICANT INFORMATION

APPLICANTS 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: OTHER AFFILIATIONS

ARE YOU A MEMBER OF ANY ADVISORY BOARD OR BOARD OF DIRECTORS? YES ☐ NO ☐
IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, PLEASE ELABORATE BELOW

ARE YOU A MEMBER OF ANY COUNTY ADVISORY BOARDS? IF SO PLEASE LIST BELOW.

DO YOU PERFORM ANY CONSULTING WORK RELATED TO HEALTH CARE, HUMAN SERVICES OR HIV/AIDS SERVICES? YES ☐ NO ☐
IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, PLEASE ELABORATE BELOW

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

SECTION 4: DEMOGRAPHIC INFORMATION PLEASE CHECK ALL THE APPROPRIATE BOXES

GENDER: MALE ☐ FEMALE ☐

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

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

ETHNIC OR RACIAL ORIGIN

- | | | | |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> PUERTO RICAN |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> CUBAN | <input type="checkbox"/> HAITIAN | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> CARIBBEAN | <input type="checkbox"/> GUATEMALAN/MAYAN | <input type="checkbox"/> MEXICAN | <input type="checkbox"/> OTHER _____ |

WHICH MEMBERSHIP CATEGORIES WOULD PERTAIN TO YOU?

- | | |
|---|--|
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> MENTAL HEALTH CARE PROVIDER |
| <input type="checkbox"/> AFFECTED COMMUNITY (INCLUDES HIV+ PERSONS) | <input type="checkbox"/> SUBSTANCE ABUSE PROVIDER |
| <input type="checkbox"/> COMMUNITY BASED AIDS SERVICE ORGANIZATION | <input type="checkbox"/> LOCAL PUBLIC HEALTH AGENCY |
| <input type="checkbox"/> NON-ELECTED COMMUNITY LEADER | <input type="checkbox"/> RYAN WHITE PART B GRANTEE/SUB GRANTEE |
| <input type="checkbox"/> SOCIAL SERVICE PROVIDER | <input type="checkbox"/> HOSPITAL OR HEALTH CARE PLANNING AGENCY |
| <input type="checkbox"/> STATE GOVERNMENT | <input type="checkbox"/> OTHER FEDERAL HIV PROGRAMS |
| <input type="checkbox"/> REPRESENTATIVE OF/OR FROM FORMERLY INCARCERATED PLWH/A | |

WHAT ARE YOUR AREAS OF INTEREST?

- | | |
|---|--|
| <input type="checkbox"/> SUBSTANCE ABUSE/MENTAL HEALTH | <input type="checkbox"/> GAY/BISEXUAL MEN'S ISSUES |
| <input type="checkbox"/> HEALTH AND HUMAN SERVICES PLANNING | <input type="checkbox"/> PEDIATRICS/ADOLESCENTS |
| <input type="checkbox"/> WOMEN | <input type="checkbox"/> FINANCE |

WHAT COMMITTEES WOULD YOU BE INTERESTED IN JOINING?

- | | |
|--|---|
| <input type="checkbox"/> PLANNING/NEEDS ASSESSMENT COMMITTEE | <input type="checkbox"/> QUALITY ASSURANCE AND EVALUATION COMMITTEE |
| <input type="checkbox"/> SUPPORT SERVICES COMMITTEE | <input type="checkbox"/> PRIORITIES AND ALLOCATIONS COMMITTEE |
| <input type="checkbox"/> MEDICAL SERVICES COMMITTEE | <input type="checkbox"/> COMMUNITY AWARENESS COMMITTEE |
| <input type="checkbox"/> MEMBERSHIP COMMITTEE | |

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: