

Application for Appointment
PALM BEACH COUNTY
HIV CARE COUNCIL

SECTION 1: PERSONAL INFORMATION

APPLICANTS FULL LEGAL NAME

RESIDENCE ADDRESS

CITY, STATE, ZIP CODE

HOME TELEPHONE NUMBER

HOME FAX NUMBER

SECTION 2: PROFESSIONAL INFORMATION

EMPLOYER

BUSINESS ADDRESS

BUSINESS TELEPHONE

BUSINESS FAX NUMBER

JOB TITLE OR POSITION

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

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

DO YOU RECEIVE SERVICES FROM A RYAN WHITE PROVIDER? Yes No

SECTION 4: DEMOGRAPHIC INFORMATION

PLEASE CHECK 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:

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

WHICH MEMBERSHIP CATEGORIES WOULD PERTAIN TO YOU?

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

WHAT ARE YOUR AREAS OF INTEREST?

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

SECTION 5: OTHER INFORMATION

1. DO YOU WORK FOR AN AGENCY THAT RECEIVES RYAN WHITE OR HOPWA FUNDING? YES NO
2. DO YOU WORK FOR AN AGENCY INTENDING TO APPLY FOR RYAN WHITE OR HOPWA FUNDS? YES NO
3. ARE YOU REPRESENTING THE AFFECTED COMMUNITY? YES NO
4. PLEASE DESCRIBE WHAT SKILLS, ABILITIES AND EXPERIENCE YOU WOULD BRING TO THE CARE COUNCIL.

5. ARE YOU ABLE TO ATTEND A MINIMUM OF TWO (2) COMMITTEE MEETINGS PER MONTH? YES NO
6. WHAT COMMITTEES WOULD YOU BE INTERESTED IN JOINING?
 - PLANNING/NEEDS ASSESSMENT COMMITTEE
 - MEDICAL/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES COMMITTEE
 - PRIORITIES AND ALLOCATIONS COMMITTEE
 - COMMUNITY AWARENESS COMMITTEE
 - SUPPORT/HOUSING SERVICES COMMITTEE
 - MEMBERSHIP COMMITTEE
 - QUALITY ASSURANCE AND EVALUATION COMMITTEE
 - MIS COMMITTEE

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 person 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 _____ Date _____