



# 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       CAUCASIAN    CUBAN       HISPANIC       PUERTO RICAN
- AFRICAN AMERICAN       GUATEMALAN/MAYAN       HAITIAN       SOUTH AMERICAN
- CARIBBEAN       MEXICAN       OTHER \_\_\_\_\_

**WHICH MEMBERSHIP CATEGORIES PERTAIN TO YOU?**

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

**WHAT ARE YOUR AREAS OF INTEREST?**

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

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

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

**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.**

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**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: \_\_\_\_\_