

Broward County HIV Prevention Planning Council (BCHPPC)

Membership Criteria and Application

BCHPPC Vision: Broward County HIV Prevention Planning Council is built on a model of partnership between the federal government, local and state health department and community participation. HIV prevention planning is a process that is based on the concept that the best way to respond to the HIV epidemic is through local decision making.

Prospective members should meet one or more of the following criteria:

- a. individuals living in Broward County; or
- b. individuals who are infected or affected by HIV/AIDS (prospective consumers of HIV prevention services); or
- c. experience as a provider of HIV prevention services; or
- d. advanced training in behavioral or social science or epidemiology; or
- e. expertise and experience in the categories listed under “expertise” (page 3).

Additional criteria may be set by the newly established BCHPPC to guide new member recruitment to make the planning council as representative as possible, and to conduct the planning process as required in CDC's Guidance on HIV Planning.

Full Name (*please print*):

Title (*if applicable*):

Organization (*if applicable*):

Mailing Address:

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone: _____ • Home • Cell • Work

Secondary Phone: _____ • Home • Cell • Work

E-Mail Address:

Please note that membership is a volunteer position with final appointment determined by the Florida Department of Health in Broward County HIV/AIDS Program Director

As a BCHPPC member, you would be responsible for attending one full BCHPPC meeting a month (4 hours), one subcommittee meeting (2 hours), as well as preparation time (2-5 hours).

Are you able to devote 8-11 hours per month to the BCHPPC? _____ YES _____ NO

Demographics: Please mark an "X" next to the demographic group(s) with which you identify.

Age: _____

- Gender:
 Male
 Female
 Transgender (Male to Female)
 Transgender (Female to Male)

Sexual Orientation

- Heterosexual
 Gay
 Lesbian
 Bisexual
 Other (specify)

Ethnicity/Race:

- African American/Black
 American Indian/Alaska Native
 Asian
 Caucasian/White
 Latino/Latina/Hispanic
 Native Hawaiian/Other Pacific
Islander
 Other (specify)

Affiliation(s), Expertise and Representation

Please fill in each column below by marking "X" for all that apply

Affiliation(s)	Expertise:	At Risk Community Representation:
<ul style="list-style-type: none"> <input type="checkbox"/> Individual Person <input type="checkbox"/> State/Local Health Department please specify i.e. STD, HIV, Hep C, TB, etc: <input type="checkbox"/> Governmental Education Agency <input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Center <input type="checkbox"/> Faith Based Community <input type="checkbox"/> Other Governmental Agency please specify i.e. substance abuse, mental health, corrections, homeless, etc: _____ <input type="checkbox"/> Non-governmental HIV Prevention Service Provider <input type="checkbox"/> Community Base Organization please specify i.e. HIV or other social service, etc: _____ <p>Indicate one PRIMARY affiliation listed above:</p> <p>_____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Epidemiology <input type="checkbox"/> Behavioral/Social Sciences <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> School & Educational Community <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Research <input type="checkbox"/> Other (Please List): <p>_____</p> <p>Indicate one PRIMARY affiliation listed above:</p> <p>_____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> MSM Injection Drug Users <input type="checkbox"/> Injection Drug Users (IDU) <input type="checkbox"/> Heterosexual <input type="checkbox"/> Mother with or at risk for HIV infection <input type="checkbox"/> Adolescents <input type="checkbox"/> People Living with HIV/AIDS <input type="checkbox"/> General Population <input type="checkbox"/> Other (Please List): <p>_____</p> <p>Indicate one PRIMARY affiliation listed above:</p> <p>_____</p>
<p>Indicate one SECONDARY affiliation list above:</p> <p>_____</p>	<p>Indicate one SECONDARY affiliation list above:</p> <p>_____</p>	<p>Indicate one SECONDARY affiliation list above:</p> <p>_____</p>

Are you involved with any groups, agencies or organizations that provide HIV prevention services or services to people living with HIV/AIDS?

Name of Group or Agency	Dates	My Involvement:	Describe your assignment/participation/role
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	

The BCHPPC requires members to participate fully for up to two years. During that time you would need to attend and participate in scheduled regular and committee meetings (s). Aside from any unforeseen circumstances, would you be able to make this commitment?

- Yes No

LETTER OF COMMITMENT

As a voting member of the Broward County HIV Prevention Planning Council (BCHPPC)

I, _____ commit to the following:

1. Actively participate by contributing my knowledge and expertise to the discussion at each BCHPPC and task force meetings, and by attending each in its entirety from roll call to roll call;
2. Act on behalf of **all** HIV-infected and affected communities in Broward County;
3. Prepare for each meeting by carefully reading required materials including all materials distributed prior to each meeting so that I can be fully present and participatory at each meeting;
4. Facilitate communication between local community groups and BCHPPC, including assistance in recruiting new members;
5. Make recommendations considering the county as a whole, rather than special interests of groups, agencies, or individual perspectives;
6. Ensure that my personal and professional commitments and obligations do not create a barrier to my full participation in the BCHPPC by using planned breaks to respond to work related communications; and am responsible to inform a BCHPPC co-chair or Broward County Health Department lead if my personal or professional commitments change and I may no longer be able to fully participate in BCHPPC.

Original Signature

Date

EMPLOYER COMMITMENT

I support my employee, _____ becoming a member of the Broward County HIV Prevention Planning Council (BCHPPC) and understand the required commitment of my employee to attend meetings and additional committee meetings as necessary.

- My organization will pay the employee's salary during their participation as a BCHPPC member.
- My organization will not pay the employee's salary during their participation as a BCHPPC member.
- My organization will allow the employee to utilize personal time during their participation as a BCHPPC member.

Original Employer Signature

Title

Date

**Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement (up to 2 pages) explaining their interest to serve on BCHPPC and their knowledge of and/or experience with HIV prevention.

Questions, comments, and completed applications are to be submitted to:

Evelyn Ullah, BSN, MSW
Director, HIV/AIDS Program
Florida Department of Health in Broward County
780 S.W. 24th St.
Ft. Lauderdale, FL 33315
Office (954) 467-4700 Ext 5526

**DO NOT WRITE IN THIS SPACE-FOR
HIV/AIDS Office USE ONLY**

Date Received: _____

By: _____ Via _____

Date Reviewed by Panel _____

Recommendation: Y/N

Appointed: Y/N