

# **Broward County HIV Prevention Planning Council (BCHPPC)**

## **Membership Criteria and Application**

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 4).

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 Center for Disease Control’s Guidance on HIV Planning.

**Full Name (please print):**

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**Title (if applicable):**

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**Organization (if applicable):**

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**Mailing Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ Home Cell Work

**Secondary Phone:** \_\_\_\_\_ Home Cell Work

**E-Mail Address:**

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***Please note that membership is a volunteer position with final appointment determined by the Florida Department of Health in Broward County HIV/AIDS and BCHPPC CO-Chairs.***

***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)

<b>Affiliation(s), Expertise and Representation</b>		
Please fill in each column below by marking "X" for all that apply		
<p>Affiliation(s):</p> <p><input type="checkbox"/> Individual Person</p> <p><input type="checkbox"/> State/Local Health Department please specify i.e. STD, HIV, Hep C, TB, etc.:</p> <p><input type="checkbox"/> Governmental Education Agency</p> <p><input type="checkbox"/> Academic Institution</p> <p><input type="checkbox"/> Research Center</p> <p><input type="checkbox"/> Faith Based Community</p> <p><input type="checkbox"/> Other Governmental Agency please specify i.e. substance abuse, mental health, corrections, homeless, etc.:</p> <p>_____</p> <p><input type="checkbox"/> Non-governmental HIV Prevention Service Provider</p> <p><input type="checkbox"/> Community Base Organization please specify i.e. HIV or other social service, etc.:</p> <p>_____</p> <p>Indicate one <b>PRIMARY</b> affiliation listed above:</p> <p>_____</p> <p>Indicate one <b>SECONDARY</b> affiliation list above:</p> <p>_____</p>	<p>Expertise:</p> <p><input type="checkbox"/> Epidemiology</p> <p><input type="checkbox"/> Behavioral/Social Sciences</p> <p><input type="checkbox"/> Program Evaluation</p> <p><input type="checkbox"/> Health Planning</p> <p><input type="checkbox"/> Intervention Specialist</p> <p><input type="checkbox"/> School &amp; Educational Community</p> <p><input type="checkbox"/> Medical Doctor</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Other (Please List):</p> <p>_____</p> <p>Indicate one <b>PRIMARY</b> affiliation listed above:</p> <p>_____</p> <p>Indicate one <b>SECONDARY</b> affiliation list above:</p> <p>_____</p>	<p>At-Risk Community Representation:</p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> MSM Injection Drug Users</p> <p><input type="checkbox"/> Injection Drug Users (IDU)</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Mother with or at risk for HIV infection</p> <p><input type="checkbox"/> Adolescents</p> <p><input type="checkbox"/> People Living with HIV/AIDS</p> <p><input type="checkbox"/> General Population</p> <p><input type="checkbox"/> Other (Please List):</p> <p>_____</p> <p>Indicate one <b>PRIMARY</b> affiliation listed above:</p> <p>_____</p> <p>Indicate one <b>SECONDARY</b> affiliation list above:</p> <p>_____</p>

### ***Member Experience***

**Please answer the following questions. If you need additional space, feel free to use additional paper.**

a. Please explain why you are interested in becoming member of BCHPPC (250 words or less)

b. What contribution/skill set could you bring to the planning process?

c. From a local perspective, what key issues related to HIV prevention would you like to address through your work with BCHPPC? What recommendations would you make in order to address the issue?

d. How do you think the National HIV/AIDS Strategy (NHAS) affects our local HIV prevention planning?

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.

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.

\_\_\_\_\_

**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.

**Information below is completed by employer:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

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

Jersey Garcia  
HIV Prevention Planner  
HIV Prevention Program  
Florida Department of Health in Broward County  
780 S.W. 24th St.  
Ft. Lauderdale, FL 33315  
Office (954) 467-4700 Ext 5702

**DO NOT WRITE IN THIS SPACE-FOR HIV PREVENTION PROGRAM OFFICE USE ONLY**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_ Via \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Recommendation: Y/N

Appointed: Y/N