



Membership Application

For Mayoral Appointment to the:

Austin Area Comprehensive HIV Planning Council

Note to Applicants: To facilitate processing, applications may be completed electronically by filling in or selecting the gray boxes. Print, sign, and return application using any of the methods named below. Please note, all membership appointments are made by the City of Austin Mayor, who serves as Chief Elected Official of the Ryan White Part A Grant Program under which the HIV Planning Council operates.

Name:	_____
	(First) (Middle) (Last)
Mailing Address:	_____
	(Street) (City) (Zip Code)

	(Home Phone) (Cell Phone) (E-mail)
	<input type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson
	(County Residence – Please check one)
Employer [if applicable]:	_____
Occupation/Job Title:	_____
<i>Federal law requires specific demographic reflectivity and professional/community representation on the Planning Council. In order to ensure compliance with these mandates, please respond to the following:</i>	
RACE/ETHNICITY:	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino
	(Please check one)

How did you hear about the HIV Planning Council?
<input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Colleague
<input type="checkbox"/> HIV Planning Council Member (member's name): _____ <input type="checkbox"/> Other _____

RETURN TO:

MAIL: P.O. BOX 1088, Austin, TX 78767
IN-PERSON: 7201 Levander Loop, Bldg. H, Austin, TX 78702
E-MAIL: HIVPlanningCouncil@gmail.com
FAX: (512) 972-5025

Have questions or need help completing this application? Contact the HIV Planning Council Staff Office at (512) 972-5205 or (512) 972-5206



PRE-INTERVIEW REQUIREMENTS: All membership applicants are required to attend at least one (1) HIV Planning Council Business Meeting prior to scheduling an interview with the Executive Committee.

MEMBERSHIP REQUIREMENTS: Planning Council members are required to attend the monthly Business Meeting, as well as additional scheduled Planning Council meetings, including but not limited to monthly Sub-Committee meetings. Planning Council members may expect to commit *a minimum of five hours per month* to HIV Planning Council-related activities and meetings.

Check this box to indicate your understanding of and intention to adhere to the membership requirement described above.

PLEASE CHECK ANY OF THE FOLLOWING CATEGORIES THAT REPRESENT YOUR CURRENT PROFESSIONAL AND/OR PERSONAL AFFILIATION.

- | | |
|--|---|
| <input type="checkbox"/> Affected Communities (People Living With HIV/AIDS -- PLWHA) Caregiver of PLWHA, and/or historically underserved people) | <input type="checkbox"/> Non-elected community leaders |
| <input type="checkbox"/> Health care provider (including Federally Qualified Health Centers) | <input type="checkbox"/> Social service and homeless housing providers |
| <input type="checkbox"/> HIV/AIDS community based organizations | <input type="checkbox"/> Recently incarcerated (released within past 3 years and HIV +) |
| <input type="checkbox"/> HIV/AIDS Prevention Provider | <input type="checkbox"/> Spouse, partner, or parent of minor child who was incarcerated within the past 3 years and is HIV+ |
| <input type="checkbox"/> Hospital or healthcare planning agency | <input type="checkbox"/> State government (Department of State Health Services, State Medicaid) |
| <input type="checkbox"/> Local health agency | <input type="checkbox"/> Organizations serving women, children, youth, and families with HIV |
| <input type="checkbox"/> Mental health (including substance abuse) | <input type="checkbox"/> People living with HIV/AIDS and Hepatitis C or People living with HIV/AIDS and Hepatitis B |
| <input type="checkbox"/> Members of a Native American tribe | <input type="checkbox"/> Other: |

I have experience in the following area(s):

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Health care needs of men of color who have sex with men | <input type="checkbox"/> Substance use/abuse services |
| <input type="checkbox"/> Health needs of white men who have sex with men | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Women's HIV health needs | <input type="checkbox"/> Immigrants and refugees |
| <input type="checkbox"/> Youth's HIV health needs | <input type="checkbox"/> Linking prevention and care |
| <input type="checkbox"/> Health care needs of injecting drug users | <input type="checkbox"/> Health planning |
| <input type="checkbox"/> General public health care | <input type="checkbox"/> Needs assessment |
| <input type="checkbox"/> Outpatient primary medical | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Antiretroviral therapies | <input type="checkbox"/> Other: |

**Austin Area Comprehensive HIV Planning Council
Knowledge/Skills/Ability (KSA) Survey**

This survey will help us learn about your interests and skills.

1. Describe your interest to become a member of the HIV Planning Council.

2. Based on your knowledge of the HIV Planning Council, what skills and experience do you have that will help support the Planning Council's mission?

3. Do you have any current or previous volunteer/community service experience? Yes No
(If yes, please describe)

4. Please list any formal and/or informal training and/or education related to HIV/AIDS and/or public health.

5. How many hours can you actively commit to Planning Council work each week?

1-3 3-5 5 or more

6. What languages do you speak/read/write fluently?

English Spanish Other:

Federal regulations require that at least **33%** of the Planning Council membership be comprised of people living with HIV or AIDS **and** consumers of Ryan White Part A services. A minimum of two (2) members of the Planning Council must be willing to voluntarily disclose their dual status in public, possibly during meetings or other occasions.

Please check the appropriate box:

1. I am a person living with HIV/AIDS and also a recipient of Ryan White Part A funded services.*
Are you willing to publicly identify as a Consumer of Ryan White Services? Yes No

2. I am a person living with HIV/AIDS and to my knowledge, **not** a recipient of Ryan White Part A funded services. *

3. Neither of the above applies to me or my situation.

Please list any special needs you have to access or participate in meetings. (Example: wheelchair accessibility, hearing impairment, language other than English, etc.) _____

REFERENCES/RECOMMENDATIONS

All Applications must be accompanied by one of the following options. Complete the reference section below for options 1 & 3. Use attached Letter of Recommendation form to satisfy options 2 & 3.

1.) Name and Contact Information of two (2) References.

2.) Name and Contact Information of one (1) Reference, plus a Letter of Recommendation.

3.) Two (2) Letters of Recommendation.

Name	Phone #	E-mail Address	Relationship
		@	
		@	

ATTENDANCE POLICY

By law, the Council and Committees cannot begin a council or committee meeting unless a certain number of members are present (quorum). Your consistent attendance is vital to our progress. Please be aware of the council’s attendance policy listed below.

During any planning year (October 1 to September 30), Council Membership is Forfeited if a Member incurs:

1. *Three consecutive Business meeting absences; or*
2. *Three consecutive Committee meeting absences; or*
3. *More than three Business meeting absences; or*
4. *More than three Committee meeting absences.*

WHERE PERMISSIBLE BY LAW, THE INFORMATION PROVIDED ON THIS APPLICATION IS SUBJECT TO THE TEXAS OPEN RECORDS AND PUBLIC INFORMATION LAW UNDER THE TEXAS OPEN GOVERNMENT ACT.

A person living with HIV does not have to disclose their HIV status and disclosure is not subject to local, state, or federal laws..

Signature of Applicant

Date

OFFICE USE ONLY

Date Received	Interview Date	Committee Approval	HIVPC Approval	Mayoral Approval	Beginning Term
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Conflict of Interest and Affiliation Disclosure Form

HIV PLANNING COUNCIL CONFLICT OF INTEREST STATEMENT

In accordance with HRSA (Health Resources and Services Administration) guidelines, a Planning Council member who serves as a director, trustee, or salaried employee, or who derives a financial or economic benefit from association with any agency which currently receives or is a current applicant for funds allocated by the Planning Council, is deemed to have an “interest” in said agency. Conflict of interest does not refer to persons living with HIV or AIDS whose relationship to a grant funded service provider is as a client receiving services. In order to prevent the existence, or the appearance of the existence, of a conflict of interest, a member so deemed to have an interest in an agency may not vote on matters that come before the Planning Council or committees of the Planning Council regarding the allocation of funds to service categories in which the associated agency seeks or has obtained funds. This policy shall not be construed as preventing any member of the Planning Council from full participation in discussion and debate about community needs, service priorities, allocation of funds to broad service categories, and the process from and results of evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system and to disclose verbally any potential conflicts of interest at the beginning of such discussion.

If you need additional clarification on what constitutes a Conflict of Interest and/or you have questions regarding Conflict of Interest, please contact the HIV Planning Council at (512) 974-3419.

1.) According to the Conflict on Interest information provided, do you have a Conflict of Interest? Yes No

If yes, please describe. _____

2.) Do you or your employer have any business dealings with the City of Austin which might present a conflict of interest?

Yes No If yes, please describe_____

3.) Have you been a Lobbyist or worked for a Lobbyist or lobbying firm in the last 3 years? Yes No

If yes, please describe. _____

AFFILIATION DISCLOSURE

Whether you have a Conflict of Interest or not, please check the agencies with which you are or have been personally and/or professionally affiliated.

- | | |
|--|---|
| <input type="checkbox"/> AIDS Services of Austin | <input type="checkbox"/> YWCA of Greater Austin |
| <input type="checkbox"/> ALLGO Inc. | <input type="checkbox"/> Pediatric AIDS League |
| <input type="checkbox"/> Austin/Travis County Health and Human Services Department | <input type="checkbox"/> People’s Community Clinic |
| <input type="checkbox"/> HIV Services Unit | |
| <input type="checkbox"/> CommUNITY Care Center (formerly David Powell) | |
| <input type="checkbox"/> Other City of Austin Departments/Units (specify): | |
| <input type="checkbox"/> Austin/Travis County MHMR CARE Unit | <input type="checkbox"/> Planned Parenthood of Austin |
| <input type="checkbox"/> Central East Austin Community Organization, Inc. (CEACO) | <input type="checkbox"/> Project Transitions, Inc. |
| <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> Life Works |
| <input type="checkbox"/> Community Action, Inc. | <input type="checkbox"/> Waterloo Counseling Center |
| <input type="checkbox"/> Interfaith Care Alliance | <input type="checkbox"/> HIV Wellness Center |
| <input type="checkbox"/> Out Youth Austin | <input type="checkbox"/> Wright Wellness House |
| <input type="checkbox"/> Other Organization not named above (specify): | |

All members are responsible for updating their Conflict of Interest status by completing a new form or notifying staff of any status changes. Additionally, members must notify Planning Council Staff of any changes in employment or board appointments/service by completing a new Personal Information survey which is available upon request.

Signature _____

Date _____



LEADERSHIP PRINCIPLES AND STATEMENT OF COMMITMENT

Carefully read the leadership principles listed below.

Please indicate your understanding of and commitment to each principle by initialing the box.

Initials

I will support the Mission of the Planning Council which, among other duties, includes fulfilling the following legislative responsibilities:

- ✓ **Assess needs** of the target population (*In broad terms: HIV+ aware and unaware; HIV+ in care and out of care*).
- ✓ **Develop a Comprehensive Plan** that includes effective strategies to link unaware HIV+ population to care by identifying, informing, testing, and referring.
- ✓ **Set priorities** according to the needs of people living with HIV/AIDS.
- ✓ **Allocate resources** to support identified needs and established priorities.
- ✓ **Evaluate efficiency of the administrative mechanism**, which may also include exploring the effectiveness and impact of services.

I will place the provision of services to the populations served ahead of any individual agenda or interest.

I will respect the contribution and time of other members by listening attentively during meetings and participating in a substantive and collaborative manner.

I will share with the full Planning Council and/or sub-committee(s) any factual information and/or knowledge I have that is considered to be relevant to the HIV planning process.

I will adequately prepare for all meetings by reviewing meeting materials distributed in advance, including the meeting agenda and any supplemental backup information to be researched or gathered on my own accord. Likewise, I follow through with actions and tasks assigned to me at said meetings.

I agree to participate in the New Member Orientation class and any skills building and training sessions.



KEEP THIS FOR SHEET FOR YOUR RECORDS

OUR VISION, MISSION, AND VALUES

VISION

In our community, all people affected by HIV can reach maximum well-being. We inspire hope and promote wellness. Our vision, built on honest partnership and participation, is innovative and efficient with quality education and services accessible to all.

MISSION

The mission of the HIV Planning Council is to develop and coordinate an effective and comprehensive community-wide response to HIV/AIDS, through consumer-driven coordinated and collaborative efforts, which addresses the needs of the community as a whole, including those infected individuals traditionally not served, or underserved.

VALUES

Health ⇒ Health encompasses the well-being of the entire person and includes physical, mental, spiritual and emotional wellness.

Quality ⇒ We define quality as personalized, state-of-the-art provided by competent clinical and psychosocial professionals. Quality is paramount to the provision of services.

Access ⇒ Medical and supportive services must be accessible, barrier-free and designed to encourage entry and retention in care.

Partnership ⇒ Consumers, providers and community-based organizations are equal and active in determining how improved health status shall be realized.

Diversity ⇒ Individual and cultural integrity shall be honored through fairness, respect, compassion and inclusiveness.

Unity ⇒ We are united in our fight against HIV/AIDS, and we work together for the common cause of reducing infection and the devastating effects of the disease.



LETTER OF RECOMMENDATION

I, _____ do hereby recommend
_____ for consideration as a member of the
Austin Area Comprehensive HIV Planning Council. I have known him/her for
_____ years/months in the capacity of _____.

This individual's greatest strength(s) as a prospective member of the
Planning Council is/are: _____,
_____, and _____. *(Note to
reference: It is not necessary to complete all three blanks)*

Additional information you should consider about the applicant is:

Reference Signature

Date