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 applications 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)

☐ Travis ☐ Bastrop ☐ Caldwell ☐ Hays ☐ Williamson
(County Residence – Please check one)

Employer [if applicable]: _____

Occupation/Job Title: _____

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:

RACE/ETHNICITY: ☐ African American/Black ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino
(Please check one)

How did you hear about the HIV Planning Council?

☐ Website ☐ Radio ☐ Newspaper ☐ Friend ☐ Colleague
☐ HIV Planning Council Member (member's name): _____ ☐ Other_____

RETURN APPLICATIONS VIA:

MAIL: P.O. BOX 1088, Austin, TX 78767
IN-PERSON: 1520 Rutherford Lane, Bldg. 1, 2nd Floor
E-MAIL: HIVCouncil@gmail.com
FAX: (512) 974-2409

Have questions or need help completing this application? Contact the HIV Planning Council Staff Office at (512) 974-3419 or (512) 974-2615.

Austin Area Comprehensive HIV PLANNING COUNCIL

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.

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

I have experience in the following area(s):

(Check all that apply)

- ☐ Health care needs of men of color who have sex with men
- ☐ Health needs of white men who have sex with men
- ☐ Women's HIV health needs
- ☐ Youth's HIV health needs
- ☐ Health care needs of injecting drug users
- ☐ General public health care
- ☐ Outpatient primary medical
- ☐ Antiretroviral therapies
- ☐ Substance use/abuse services
- ☐ Mental health services
- ☐ Immigrants and refugees
- ☐ Linking prevention and care
- ☐ Health planning
- ☐ Needs assessment
- ☐ Evaluation
- ☐ 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

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.

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

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.

Austin Area Comprehensive HIV PLANNING COUNCIL

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**