

Application for Seattle HIV/AIDS Planning Council Membership

Name: _____ Date: _____

Work Address: _____ City: _____ ZIP _____

Home Address: _____ City: _____ ZIP _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ King County Council District: _____

To find your King County Council District, go to: <http://www.kingcounty.gov/council.aspx>

Would you be available to interview with the Membership Committee on the 1st Tuesday of the month any time between 1:40 and 3:15? Yes No

If not, please circle which days of the week and times of the day would you be available for an interview:

MON AM / PM TUE AM / PM WED AM / PM THUR AM / PM FRI AM / PM

Applications will be considered in comparison with *identified gaps in representation on the Planning Council.*

All applicants must attend a Council meeting before their application will be considered. Please call 296-4527 for Council meeting dates, times and locations.

1. Please describe your personal and/or professional experience and expertise. Discuss any experience related to HIV Disease or with the system of HIV/AIDS care services delivery and/or prevention/ education activities.
2. Please discuss your interest in serving on the Planning Council. What skills or perspective would you bring to the Planning Council to strengthen its effectiveness? This might include some discussion of your peer group as it relates to groups at risk for or affected by HIV.
3. How long have you lived in King County?
4. What else would you like us to know about you?

I have read the two page "What Can I Expect in a Term on the Planning Council". I am willing to commit the time and effort required of Planning Council Members should I be selected for service.

Signature: _____ Date: _____

The Council must have one person (in some cases more) from each of the following categories. Please let us know if you are a member of the population, work as a care or prevention provider with the population, or work as the type of provider.

Mandated Representational Slot**	I am a member of this population	I provide services to this population	I am this type of provider
Health care provider to PLWH (Medical provider)			
Representative of HIV/AIDS service organization			
Housing/homeless services provider			
Mental health treatment provider			
Substance use treatment provider			
Non-elected community leader			
Health planner			
Ryan White Part B Grantee (State DOH)			
Ryan White Part C Grantee			
Ryan White Part D Grantee			
State Medicaid Agency Representative			
Other Federal HIV Funding (AETC, SPNS, etc.)			
Recently Incarcerated (in last 3 years) PLWH/A or their representative			
Unaligned Consumer of Ryan White Services			
Snohomish or Island County Representative			
<i>Members of these at-risk populations or providers serving them:</i>			
HIV+ Persons			
MSM/IDU, age 15 to 69			
Latino MSM, age 25 to 69			
Black MSM, age 25 to 69			
Young MSM, age 15 to 24			
White MSM, age 25 to 69			
IDU, age 15 to 69			
Foreign born black, age 15 to 69			
Epidemiologist			
Behavioral scientist			

*In order to be considered an 'unaligned consumer of Ryan White services' you must meet **ALL** of the following criteria:

1. HIV+
2. Currently receiving HIV care services in King County
3. Not working for or on the board of any agency which receives care funding (nor have a family member who does)
4. Willing to be "out" about your status for Council purposes

If you have questions about any of these, please contact the Planning Council Administrator at 205-5511

5. In addition to these slots, the Council must be representative of the diversity of those with or at risk for HIV disease in King County in terms of gender, race, ethnicity, place of birth and sexual orientation. Additionally, one third or more of members must be HIV+ unaligned consumers. The information below is needed to help meet this requirement.

GENDER:	<input type="checkbox"/> Transgender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
RACE:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/ Alaskan Native
	<input type="checkbox"/> Other (Please list) _____			
ETHNICITY:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		
PLACE OF BIRTH	<input type="checkbox"/> United States	<input type="checkbox"/> Other (Please list)		

SEXUAL ORIENTATION	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Heterosexual	
HIV STATUS	<input type="checkbox"/> HIV+	<input type="checkbox"/> HIV-	<input type="checkbox"/> Status Unknown	

Please mail completed application to:

**Seattle HIV/AIDS Planning Council
400 Yesler Way, 3rd Floor
Seattle, WA 98104**

Or fax it to:

**Attention: Planning Council
206-205-5281**

**If you have any questions, please contact:
Jesse Chipps at 206-205-5511**

**Thank you for your application to the Council!
You should be hearing from us in the next few weeks.**

NOTE: If invited for an interview, we ask that you bring the names and *phone numbers* of two references, who could speak to your ability to serve on the Council. References can include employers, service providers and People Living with HIV.