

HEALTH SERVICES AND PREVENTION PLANNING COUNCIL
OAKLAND TGA COLLABORATIVE COMMUNITY PLANNING COUNCIL
Serving Alameda and Contra Costa Counties

MEMBERSHIP APPLICATION

Please select the appropriate demographic information:

SELF IDENTIFIED HIV POSITIVE *	SEXUAL ORIENTATION	ETHNICITY AND RACE	
<input type="checkbox"/> Yes	<input type="checkbox"/> Bisexual	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> No	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Asian American
	<input type="checkbox"/> Lesbian	<input type="checkbox"/> European American	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Men having sex with men	<input type="checkbox"/> Hispanic/Latino American	_____

*If your response is yes, are you willing to disclose your HIV+ status for Council Records? **Yes** or **No**

*Are you willing to disclose your Hepatitis B and C status? **Yes** or **No**

Gender: Male Female Transgender

Which of the categories below do you think you represent? Please select only two categories.

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Health Care Provider or Federally Qualified Health Center | <input type="checkbox"/> State Medicaid Agency |
| <input type="checkbox"/> Community Based Organization serving affected Populations (ASOs) | <input type="checkbox"/> State Title II Agency |
| <input type="checkbox"/> Social Services provider (including housing and homeless Service providers) | <input type="checkbox"/> Title II Administration |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Title III Administration |
| <input type="checkbox"/> Substance Abuse Provider | <input type="checkbox"/> Title IV Administration |
| <input type="checkbox"/> Local Public Health Agency | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Hospital or Health Care Planning Agencies | <input type="checkbox"/> CARE Act Grantees under section 2571 |
| <input type="checkbox"/> Affected Community* | <input type="checkbox"/> Salva Sida Representative |
| <input type="checkbox"/> Infected Community* | <input type="checkbox"/> Other Federal HIV Grantees |
| <input type="checkbox"/> Faith Based Affiliated Organization | <input type="checkbox"/> Representative of/or formerly Incarcerated PLWHA |
| <input type="checkbox"/> Men Having Sex with Men | <input type="checkbox"/> African American Task Force Representative |
| <input type="checkbox"/> Non-Elected Community Leaders | |
| <input type="checkbox"/> Other (please describe):
_____ | |

*Disclosure is required to be considered affected/infected community. People living with HIV/AIDS who are affiliated with a Services Provider Agency cannot be considered affected community. Affected communities, including people living with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations.

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Once we receive your application, a letter of receipt will be mailed to you from the Membership and Community Involvement Committee. An individual will contact you to schedule an interview in 30-90 days after your letter of receipt has been mailed. Thank you for your interest in the Oakland TGA Collaborative Community Planning Council.

PLEASE READ THIS INFORMATION CAREFULLY.

1. Please be aware of the following:

- a) Conflict of Interest: All members must abide by the Conflict of Interest Policy and Procedure of the Oakland TGA Collaborative Community Planning Council. All conflicts of interest will be disclosed in a matrix and made available to all Planning Council members at each meeting. A Conflict of Interest is defined as an interest by a Planning Council member, which may result in personal, organizational, or professional gain.
- b) HIV Disclosure: Each member is asked to disclose their HIV status. The response of this information is anonymously reported to HRSA and is collected to ensure that HRSA mandated positions are filled.
- c) Time Commitment: The Oakland TGA Collaborative Community Planning Council is a working Council. Each member is expected to attend a three hour monthly Council meeting as well as a two hour monthly Standing Committee meeting. Additionally, approximately five hours a month is spent preparing for meetings and ad hoc work groups. The total time commitment is a minimum of twelve hours per month for Council members. Council members are also expected to attend all working retreats and additional meetings during the allocation of funds process. Failure to adhere to attendance requirement will lead to dismissal from the Council.

2. Please bring a current resume to your interview.

Please list **two references** that we may contact who have knowledge of your activities related to HIV/AIDS.

NAME	TELEPHONE NUMBER
1.	()
2.	()

PLEASE RETAIN THE LAST PAGE OF THIS APPLICATION (PAGE FOUR) IN ORDER TO PREPARE FOR YOUR INTERVIEW.

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Please be prepared to discuss the following three categories of questions:

REFLECTIVENESS AND REPRESENTATION

- 1) Explain your experience in the HIV/AIDS community. (Longevity, level of involvement/what you did.)
- 2) Please describe your understanding of HIV/AIDS in our service area: Alameda County and Contra Costa County. For example: knowledge, changing demographics, gaps in services.
- 3) How would we effectively convey to the Planning Council the ideas/needs of the population you represent?
- 4) The Health Resources and Services Administration (HRSA) mandates the Planning Council membership must reflect the demographics of the local epidemic, with particular emphasis on “disproportionately affected and historically underserved groups,” such as youth, women, and men of color. Given this mandate how would you contribute to the Council’s accomplishment of this goal?

EXPERIENCE AND COMMITMENT

- 5) As described on the cover sheet accompanying this form, the Collaborative Community Planning Council's purpose is to identify and implement prevention plans as well as to plan for the delivery of HIV/AIDS-related services in the Oakland Transitional Grant Area. To facilitate this mandate, the Council and its Standing Committees are run according to parliamentary procedures (e.g., Robert’s Rules of Order). Briefly describe your experience in planning for the provision of community services, particularly as it relates to HIV/AIDS services.
- 6) As noted earlier, the Oakland TGA Collaborative Community Planning Council members must be willing to commit approximately 2 hours of their time each month to Council business. Are you prepared to make the commitment of time and energy necessary to accomplish this obligation? If so, please describe how your schedule would accommodate this commitment?

MANAGING CONFLICT OF INTEREST

- 7) Please describe any potential or actual conflicts of interest that might prevent you from performing your responsibilities as a council member. Please describe any relationships that may even appear to be a conflict of interest.
- 8) With such a diverse membership, priorities inevitably conflict. Please describe how you would advocate for your constituencies’ concerns while keeping the welfare of the entire TGA as your priority.