The Marin HIV/AIDS Care Council is committed to recruiting members that reflect the HIV/AIDS CARE community it serves, particularly the consumers of Part A and Part B Ryan White-funded services. The Council is seeking new members, people living with HIV or AIDS, and in particular, is seeking women, people of color, youth, and seniors.

The primary responsibilities of Council members include: establishing methods for obtaining input on community needs and priorities; developing a comprehensive plan for HIV health services; determining service category priorities; and making recommendations for the allocation of funds based on the priorities previously identified for Marin Part A funds received through the San Francisco Eligible Metropolitan Area (EMA). The Marin HIV/AIDS Care Council works in collaboration with the San Francisco HIV Health Services Planning Council and all prioritization/allocation decisions are finalized by the San Francisco HIV Health Services Planning Council.

Members of the Council will be required to attend a Council Orientation, as well as attend one Council meeting each month, or more as needed, to meet the goals of the Council. In order to facilitate the participation of persons living with HIV/AIDS, the attendance requirement is flexible for those individuals. In addition, Council members are expected to attend at least one meeting per year of the HIV Health Services Planning Council for the San Francisco EMA, which also includes Marin and San Mateo counties.

*Individuals interested in being considered for membership should complete and mail or FAX the attached form to:*

**HIV/AIDS Care Council**  
Community Health Policy & Prevention Services  
1600 Los Gamos Drive, Suite 350  
San Rafael, CA 94903  
FAX: (415) 473-6266

*All application forms will be submitted to the Council for consideration.*

*For any additional information, contact (415) 473-3037.*
Marin HIV/AIDS Care Council Member Application Form
Approved by Membership Committee on 12/6/06

Name: ________________________________________________________________

First       Middle       Last

Title (if any): _________________________________________________________

Address: ___________________________________________________________________

City        State        Zip

Contact Info:

Home Phone: ___________________________        Work Phone: ___________________________

Cell Phone: ___________________________        Other: ___________________________

Email: _________________________________________________________________

What communities or perspectives do you feel you can represent? (Check all that apply to you):

- Individuals living with HIV disease or AIDS
- Affected communities; including populations hard-hit with HIV disease and historically underserved groups
- Health care providers; including federally qualified health centers
- Community-based organizations and AIDS service organizations
- Social Service providers
- Mental Health providers
- Substance Use/Abuse providers
- Housing and Homeless Services providers
- HIV Prevention Service providers
- Local public health agencies; San Francisco, San Mateo or Marin
- Hospital planning agencies or health care planning agencies
- HIV+ Former Prisoners and/or their representatives
- State Medicaid agency
- State agency administering the program under Title II
- Part C grantees
- Part D grantees or organizations serving youth, children and/or families dealing with HIV disease
- Grantees of other federal HIV programs such as AETC, Dental, SPNS, and HOPWA
- Non-elected community leaders
Demographics (check the best responses for you):

Age: ____________ or o Decline to state

Gender: o Male  o Female  o Transgender

*HIV status: o HIV+  o HIV -  o Don’t know  o Decline to state

Sexual Orientation:  o Gay  o Lesbian  o Bisexual

o Heterosexual  o Decline to state

Race/Ethnicity:  o African American/Black  
                o Asian  
                o Caucasian/White  
                o Pacific Islander/Native Hawaiian  
                o Latino/a  
                o Native American/Alaska Native  
                o Mixed, specify: ______________________________________

                o Other: ______________________________________________

*Please note that disclosure is not required.

Consumer Status:

| Current consumer of Ryan White-funded services (within past year) |
| Past consumer of Ryan White-funded services |
| Consumer of HIV-related services; unsure if Ryan White-funded or not |
| Not a consumer/not eligible for services |

Please answer the following questions as completely as possible:

1. Why are you interested in becoming a Marin HIV/AIDS Care Council member?
2. Have you had any experience in using, providing, or evaluating HIV services? If so, please describe.

3. What strengths/experiences would you bring to the Care Council?

4. Have you had any experience participating in group planning processes? If so, please describe.

5. How did you hear about the Care Council? If someone referred you, can we contact the person(s) about your application to the Care Council? If so, please provide the information below:

Name:
Title:
Agency:
Phone:
Email:
Name:
Title:
Agency:
Phone:
Email:

6. Please list all activities you have engaged in related to HIV/AIDS service providers or organizations, such as Boards of Directors, consultant work, staff work, Advisory Boards, and volunteer work.

7. Is there anything else you would like us to know about you or your experience?

Signature

By signing this Application Form, I certify that all information contained herein is true and accurate to the best of my understanding.

Date Submitted: _____________________________________________________________
Signature: _________________________________________________________________

Signature Required

Please return by FAX or Mail (see information on Page 1)

Additional materials, including a résumé, may also be attached and submitted for consideration. Thank you!