



## **Marin HIV/AIDS Care Council Membership Application Form**

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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 Gatos 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.***



**Demographics (check the best responses for you):**

Age: \_\_\_\_\_ or  Decline to state

Gender:  Male  Female  Transgender

\*HIV status:  HIV+  HIV -  Don't know  Decline to state

Sexual Orientation:  Gay  Lesbian  Bisexual  
 Heterosexual  Decline to state

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

*\*Please note that disclosure is not required.*

**Consumer Status:**

<input type="checkbox"/>	Current consumer of Ryan White-funded services (within past year)
<input type="checkbox"/>	Past consumer of Ryan White-funded services
<input type="checkbox"/>	Consumer of HIV-related services; unsure if Ryan White-funded or not
<input type="checkbox"/>	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!