Broward County HIV Prevention Planning Council (BCHPPC)  
Membership Criteria and Application

BCHPPC Vision: Broward County HIV Prevention Planning Council is built on a model of partnership between the federal government, local and state health department and community. HIV prevention planning is a process that is based on the concept that the best way to respond to the HIV epidemic is through local decision making.

Prospective members should meet one or more of the following criteria:

a. live in Broward County; or

b. infected or affected by HIV/AIDS (prospective consumers of HIV prevention services); or

c. experience as a provider of HIV prevention services; or

d. advanced training in behavioral or social science or epidemiology; or

e. expertise and experience in the categories listed under “expertise” (page 3).

Additional criteria may be set by the newly established BCHPPC to guide new member recruitment to make the planning council as representative as possible, and to conduct the planning process as required in CDC’s Guidance on HIV Planning.
Full Name *(please print)*:

Title *(if applicable)*:

Organization *(if applicable)*:

Mailing Address:

City: __________________________ State: _____________ Zip Code: ______

Primary Phone: __________________________ □ Home □ Cell □ Work

Secondary Phone: __________________________ □ Home □ Cell □ Work

E-Mail Address:

Please note that membership is a volunteer position with final appointment determined by the Broward County Health Department Communicable Disease Director.

As a BCHPPC member, you would be responsible for attending one full BCHPPC meeting quarterly (4 hours), one subcommittee meeting monthly (2 hours), as well as preparation time (2-5 hours).

Are you able to devote 8-11 hours per month to the BCHPPC? ____YES _____NO
Demographics: Please mark an “X” next to the demographic group(s) with which you identify.

<table>
<thead>
<tr>
<th>Age: ____________________________</th>
<th>Ethnicity/Race:</th>
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</thead>
<tbody>
<tr>
<td>Gender:</td>
<td></td>
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<tr>
<td>[ ] Male</td>
<td>□ American American/Black</td>
</tr>
<tr>
<td>[ ] Female</td>
<td>□ American Indian/Alaska Native</td>
</tr>
<tr>
<td>[ ] Transgender (Male to Female)</td>
<td>□ Asian</td>
</tr>
<tr>
<td>[ ] Transgender (Female to Male)</td>
<td>□ Caucasian/White</td>
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Sexual Orientation

[ ] Heterosexual  □ Latino/Latina/Hispanic
[ ] Gay           □ Native Hawaiian/Other Pacific Islander
[ ] Lesbian       □ Other (specify)
[ ] Bisexual      □ Other (specify)
[ ] Other (specify)
## Affiliation(s), Expertise and Representation

Please fill in each column below by marking “X” for all that apply

<table>
<thead>
<tr>
<th>Affiliation(s)</th>
<th>Expertise:</th>
<th>At Risk Community Representation:</th>
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<tbody>
<tr>
<td>□ Individual Person</td>
<td>□ Epidemiology</td>
<td>□ Men who have sex with men (MSM)</td>
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<tr>
<td>□ State/Local Health Department please specify i.e. STD, HIV, Hep C, TB, etc:</td>
<td>□ Behavioral/Social Sciences</td>
<td>□ MSM Injection Drug Users</td>
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<tr>
<td>□ Governmental Education Agency</td>
<td>□ Program Evaluation</td>
<td>□ Injection Drug Users (IDU)</td>
</tr>
<tr>
<td>□ Academic Institution</td>
<td>□ Health Planning</td>
<td>□ Heterosexual</td>
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<td>□ Research Center</td>
<td>□ Intervention Specialist</td>
<td>□ Mother with or at risk for HIV infection</td>
</tr>
<tr>
<td>□ Faith Based Community</td>
<td>□ School &amp; Educational Community</td>
<td>□ Adolescents</td>
</tr>
<tr>
<td>□ Other Governmental Agency please specify i.e. substance abuse, mental health, corrections, homeless, etc:</td>
<td>□ Medical Doctor</td>
<td>□ People Living with HIV/AIDS</td>
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<tr>
<td>□ Non-governmental HIV Prevention Service Provider</td>
<td>□ Research</td>
<td>□ General Population</td>
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<tr>
<td>□ Community Base Organization please specify i.e. HIV or other social service, etc:</td>
<td>□ Other (Please List):</td>
<td>□ Other (Please List):</td>
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</table>

Indicate one **PRIMARY** affiliation listed above:

Indicate one **SECONDARY** affiliation list above:

Indicate one **PRIMARY** affiliation listed above:

Indicate one **SECONDARY** affiliation list above:
Member Experience

Please answer the following questions. If you need additional space, feel free to use additional paper.

a. Please explain why you are interested in becoming a member of BCHPPC (250 words or less)

b. What contribution/skill set will you bring to the planning process?

c. From a local perspective, what key issues related to HIV high impact prevention would you like to address through your work with BCHPPC? What recommendations would you make in order to address the issue?

d. How do you think the National HIV/AIDS Strategy (NHAS) affects our local HIV prevention planning?
Are you involved with any groups, agencies or organizations that provide HIV prevention services or services to people living with HIV/AIDS?

<table>
<thead>
<tr>
<th>Name of Group or Agency</th>
<th>Dates</th>
<th>My Involvement:</th>
<th>Describe your assignment/participation/role</th>
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<td>☐ Worked</td>
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<td></td>
<td></td>
<td>☐ Volunteered</td>
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<td>☐ Attended</td>
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The BCHPPC requires members to participate fully for up to two years. During that time you would need to attend and participate in scheduled regular and committee meetings(s). Aside from any unforeseen circumstances, would you be able to make this commitment?

☐ Yes    ☐ No
LETTER OF COMMITMENT

As a voting member of the Broward County HIV Prevention Planning Council (BCHPPC)

I, ________________________ commit to the following:

1. Actively participate by contributing my knowledge and expertise to the discussion at BCHPPC and task force meetings, and by attending each in its entirety from roll call to roll call;

2. Act on behalf of all HIV-infected and affected communities in Broward County;

3. Prepare for each meeting by carefully reading required materials including all materials distributed prior to each meeting so that I can be fully present and participatory at each meeting;

4. Facilitate communication between local community groups and BCHPPC, including assistance in recruiting new members;

5. Make recommendations considering the county as a whole, rather than special interests of groups, agencies, or individual perspectives;

6. Ensure that my personal and professional commitments and obligations do not create a barrier to my full participation in the BCHPPC by using planned breaks to respond to work related communications;

7. Inform a BCHPPC co-chair or Broward County Health Department lead if my personal or professional commitments change and I may no longer be able to fully participate in BCHPPC;

8. Treat all BCHPPC members in a professional, courteous, and respectful manner.

______________________________    ________________________
Original Signature                Date
EMPLOYER COMMITMENT

I support my employee, ____________________________, becoming a member of the Broward County HIV Prevention Planning Council (BCHPPC) and understand the required commitment of my employee to attend meetings and additional committee meetings as necessary.

( ) My organization will pay the employee’s salary during their participation as a BCHPPC member.

( ) My organization will not pay the employee’s salary during their participation as a BCHPPC member.

( ) My organization will allow the employee to utilize personal time during their participation as a BCHPPC member.

________________________________________  __________________________
Original Employer Signature                     Title

________________________
Date
Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement (up to 2 pages) explaining their interest to serve on BCHPPC and their knowledge of and/or experience with HIV prevention.

Questions, comments, and completed applications are to be submitted to:

Evelyn Ullah, BSN, MSW
Director, STD/HIV/AIDS Prevention Program
Broward County Health Department
780 S.W. 24th St.
Ft. Lauderdale, FL 33315
Office (954) 467-4700 Ext 5526