

Michigan HIV/AIDS Council

Application for Membership

The Michigan HIV/AIDS Council (MHAC) is a statewide body that advises the Michigan Department of Community Health on HIV/AIDS prevention and care issues. To fulfill its mission, the Council facilitates an open and participatory planning process which results in the development of a statewide comprehensive plan(s) for HIV/AIDS prevention and care and monitoring implementation of such plan(s).

The Council is interested in obtaining the participation of individuals who represent the diversity of those impacted by the HIV/AIDS epidemic in Michigan and who have experience and expertise necessary to achieving the mission of the Council. Council members must be:

- < Interested in community-based planning for HIV/AIDS services.
- < In a position to communicate regularly with the general public or specific constituencies or other stakeholders about the activities of the Council.
- < Willing and able to participate fully in the activities of the Council including meetings, committee and workgroup activities.
- < Willing and able to subordinate agency, disciplinary or individual interests to broader, cross-cutting matters of importance to the Council.

Membership on the Council is open to all Michigan residents and is limited to 40 voting members for a three-year term. Members are selected through an objective application process. Voting members will be selected in four categories:

- (1) *Persons Living with HIV/AIDS(PLWH/A)*. Four seats are allocated to PLWH/A.
- (2) *AIDS Service Organizations, Non-Governmental Organizations, Community-Based Organizations, Providers*. Eight seats are allocated for ASO/NGO/CBO/Providers, based on the constituency represented by such organizations. Seats are allocated to individuals on behalf of the represented constituency and not for a specific agency or organizational entity.
- (3) *Local Public Health*. Four seats are allocated to representatives of local public health. Two seats are reserved for representatives of rural local public health and two for urban local public health. Seats are allocated to individuals on behalf of local public health and not to specific local public health agencies.
- (4) *Community Members*. Twenty-four seats are allocated to individuals who represent the current profile of the epidemic in Michigan according to race, ethnicity, risk behavior, gender, age and geography and with a goal of achieving inclusion and representation of affected/infected communities as defined in federal guidance.
Membership is granted for three years, but may be terminated sooner if desired or if active attendance is not maintained.

In addition, the Council is seeking advisors to facilitate achievement of its mission. Advisors do not have voting privileges but fully participate in Council activities, including activities of committees and topical workgroups. Categories of advisors include:

- (1) *Expert Advisors*. These individuals provide the Council with specific disciplinary expertise (e.g. epidemiology, social/behavioral science) relevant to fulfilling the mission of the Council.
- (2) *At-Large Advisors*. These individuals provide the Council with expertise and input for particular constituencies (e.g. persons with disabilities, homeless individuals). At-Large Advisors may include individuals who advocate for specific constituencies.

Individuals interested in participating in the Council should complete the attached application form. IT IS EXTREMELY IMPORTANT THAT THE PERSONAL STATEMENT BE COMPLETED IN ITS ENTIRETY SINCE IT IS AN IMPORANT PORTION OF THE OVERALL REVIEW OF THE MEMBERSHIP APPLICATION. All information will remain confidential. The application form is to be accompanied by a personal statement and returned via mail, fax or email to:

ATTN: MHAC Membership Committee
Division of Health, Wellness and Disease Control
109 W. Michigan Avenue, 9th Floor
Lansing, MI 48913
(517) 241-5911 (fax) or

Jeris Thorpe at ThorpeJ1@michiagn.gov

APPLICATIONS ARE DUE FRIDAY, OCTOBER 19, 2012 by 5:00 p.m.

Late applications will not be accepted.

Michigan HIV/AIDS Council
Membership Application Form
Cover Sheet

Applications for membership will be evaluated through an objective process convened by the Michigan Department of Community Health and the Membership Committee of the Council. Applications will be blinded to reviewers. The names and contact information included on this Cover Sheet will be removed from the application. Reviewers will be provided only with the application form and personal statements. However, once the application is scored, names will be revealed and attendance records for prior members and advisors will be reviewed for final membership selection.

Please type or print clearly:

Name

Mailing Address

City

State

Zip Code

Phone

Fax

E-mail

I am applying for membership in the following category: (Select ONE)

- Person living with HIV/AIDS
- CBO/NGO/ASO/Provider
- Local Public Health
 - Rural Urban
- Community
- Expert Advisor
- At-Large Advisor

It is hoped applicants will be willing to accept membership in a category other than that to which they have applied, if deemed appropriate by the Membership Committee.

I will require reimbursement for travel to/from meetings of the Council or its committees and workgroups. Yes No

By my signature below, I certify that the information provided on the attached Application Form and personal statement is true and accurate to the best of my knowledge. I understand that I may be contacted by a representative of the Membership Committee for additional information/clarification related to this nomination.

Name

Date

Application #

Michigan HIV/AIDS Council
Membership
Application Form - Page 1

The following information is requested to assist the Membership Committee in evaluating your application with respect to inclusion and representation of communities affected by the HIV/AIDS epidemic.

How do you describe yourself?

Gender: Male Female Transgender Other _____

Race/Ethnicity (check all that apply)

- American Indian/AK Native Asian Hispanic/Latino/Latina
 African American/Black Native Hawaiian/Pacific Isl. Arab/Chaldean
 White

Age: 13-19 20-24 25-29 30-39 40-49 50+

Which, if any, of the following apply to you personally? (Check all that apply)

- Person living with HIV/AIDS Hemophiliac or recipient of blood products
 Man who has sex w/ men (MSM) Non-injecting substance user (current/former)
 Injecting drug user (current/former IDU) Person affected by HIV/AIDS (i.e. family member or partner is living with or has died from HIV/AIDS)
 MSM who is also IDU (MSM/IDU)
 High Risk Heterosexual (i.e. your sex partner is HIV+, an IDU, you are a commercial sex worker or you are a woman who has sex with a MSM)

Where do you reside?

- Urban metropolitan area/city (population >100,000)
 Urban non-metropolitan area (population 2,500 - 100,000)
 Rural area (population less than 2,500)

What do you consider the **PRIMARY** area of experience or disciplinary expertise that you would bring to the Council? (SELECT **ONE** ONLY)

- Person living with HIV/AIDS Epidemiologist
 Community Representative Care giver/partner/family member of PLWH/A
 Social/Behavioral Scientist Physician, nurse, other health care provider
 Evaluation Researcher Social marketing
 HIV/AIDS Prevention Service Provider HIV/AIDS Care Service Provider
 Provider of Substance Abuse Prevention/Treatment Provider of Mental Health Services
 Provider of other Social or Support services Other: _____

With what type of agency do you consider your **PRIMARY** affiliation? (SELECT **ONE** ONLY)

- No Agency Affiliation State/Local Mental Health
 Community Based Organization State/Local Substance Abuse
 Community Based Organization (minority board) State/Local Corrections
 Other Non-Governmental Organization Other Government: _____
 State/Local Public Health College/University
 State/Local Education Faith-based Organization
 Other: _____

Application #

Membership Application Form

Page 2

Community Planning is a collaborative process by which health departments work in partnership with the community to implement a CPG(s) to develop a comprehensive HIV prevention plan that best represents the needs of populations infected with or at risk for HIV. The Center for Disease Control and Prevention (CDC) expects HIV prevention planning to improve HIV prevention programs by strengthening the: (1) scientific basis, (2) community relevance, and (3) population-or risk-based focus of HIV prevention interventions in each project area.

❖ **Have you had experience in community planning and/or an active involvement within your community?** For example, have you been a member of a regional planning body, served as a committee member, or involved in HIV/AIDS prevention or care activities, etc.? **Check all that apply regarding community planning/involvement:**

- 1) Prior experience with a former community planning group
- 2) Experience working with HIV/AIDS community
 - Volunteering
 - Care-giver
 - Facilitating workshops/support groups
 - Other: _____
- 3) Experience with local community planning
 - Member of Southeastern Michigan HIV/AIDS Council (SEMHAC)
 - Other: _____
- 4) Experience working with substance abuse
 - Training/presenter/speaker on substance abuse
 - Volunteer in substance abuse clinic
 - Active or former substance user/first-hand knowledge
 - Counselor
 - Other: _____
- 5) Experience with Community Based Organization
 - Volunteering
 - Facilitating workshops/support groups
 - Other: _____
- 6) Experience with HIV/AIDS prevention programs
 - Volunteering
 - Facilitating prevention programs/support groups
 - Other: _____
- 7) Experience with federal/state/local public health
 - Volunteering
 - Facilitating public health programs
 - Other: _____
- 8) Experience with HIV/AIDS care programs
 - Volunteering
 - Facilitating care programs/support groups
 - Other: _____
- 9) Experience with state/local education
- 10) Experience with HIV/AIDS in a university setting
- 11) Speaker/Presenter Experience
 - HIV Specific
 - Other Topic: _____
- 12) Educator Experience
 - Academic/Teacher
 - Training Explain: _____
- 13) Experience as a board member/committee member of an organization/foundation/association/agency
 - Name of Board/organization: _____
 - Role on Board: _____
- 14) Other Experience or Comments: _____

