



**HIV/AIDS and Hepatitis Program  
Membership Application Form**

The Florida Department of Health, HIV/AIDS and Hepatitis Program is committed to recruiting members to serve on advisory groups, committees and other ad hoc committees/groups to assist in addressing HIV/AIDS policies, programs, issues and concerns. These committees/groups are discretionary bodies formed by the HIV/AIDS and Prevention Program to represent people living with HIV/AIDS and individuals at high and increased risk. These committees/groups will also serve affected communities, community-based organizations and AIDS service organizations. The HIV/AIDS and Hepatitis Program reserves the right to remove an individual from a committee/group due to lack of participation, attendance or behavior. Each individual selected will serve a two-year term. Members are expected to attend meetings, conference calls and maintain an ongoing engagement with organizations and individuals from the group they represent. The individual participation on the committee/group will be re-determined after the completion of his/her second term.

The primary responsibilities of the committee/group is defined in the Roles and Responsibilities document available on the HIV/AIDS and Hepatitis Program website [http://www.doh.state.fl.us/disease\\_ctrl/aids/care/CAG\\_consum\\_advis\\_group.html](http://www.doh.state.fl.us/disease_ctrl/aids/care/CAG_consum_advis_group.html) . Individuals interested in being considered for membership should complete and mail or fax the attached form to:

Florida Department of Health  
HIV/AIDS and Hepatitis Program  
4052 Bald Cypress Way, Bin A-09  
Tallahassee, Florida 32399-1715  
**Attention:** Bruce Campbell  
Consumer Advisory Group Liaison  
or  
Fax to: (850) 245-4920

For additional information, please contact Bruce Campbell at (850) 245-4444 ext. 2540.



**Category of Representation (check all that apply to you):**

<input checked="" type="checkbox"/>	Individual living with HIV or AIDS
<input type="checkbox"/>	Affected communities: including populations hard-hit with HIV and historically underserved groups
<input type="checkbox"/>	AIDS service organization and/or community-based organization
<input type="checkbox"/>	Health care provider
<input type="checkbox"/>	Social service provider
<input type="checkbox"/>	Mental health provider
<input type="checkbox"/>	State or local government: Specify:
<input type="checkbox"/>	Former Prisoner and/or their representative
<input type="checkbox"/>	Part A, B, C, or D grantee
<input type="checkbox"/>	Non-elected community leader
<input type="checkbox"/>	Other: Specify:

**Please answer the following questions as completely as possible** (use the back a separate page if necessary):

*What particular skills or expertise would you bring to the committee/group?*

*Have you had any experience participating in community planning, health planning, or other similar group planning processes? If so, please describe.*

*Why are you interested in becoming a member of the Consumer Advisory Group?*

*In the HIV/AIDS Program, HIV prevention and care are top priorities. Please describe what components you feel need to be in place in a community to prevent HIV and to provide care to those individuals who are infected?*

**The Consumer Advisory Group is in agreement that disclose of their HIV status openly and available for public engagements. Are you willing to be in the public's eye with your HIV status?**

*Is there any additional information you would like us to consider when reviewing your application?*

## **Signature**

By signing this Application Form, I certify that all information contained herein is true and accurate to the best of my understanding. I also certify that I have read and understand the membership requirements outlined on Page 1 of this form and the Roles and Responsibilities of a CAG member. If accepted for membership, I will fulfill all membership requirements as put forth by the HIV/AIDS and Hepatitis Program and the Consumer Advisory Group.

**Signature:** \_\_\_\_\_  
Signature Required

**Date Submitted:** \_\_\_\_\_

*Additional materials may also be attached and submitted for consideration.*