



HIV/AIDS Section CHAG Membership Application Form

The HIV/AIDS Section is committed to recruiting members to serve on advisory groups, committees and other ad hoc committees/groups to assist in addressing HIV policies, programs, issues and concerns. These committees/groups are discretionary bodies formed by the HIV/AIDS Section to represent people living with HIV (PLWH) and individuals at high and increased risk. These committees/groups also serve affected communities, community-based organizations and AIDS service organizations. The CHAG membership body seeks to reflect the demographic features (race, ethnicity, HIV status, sexual orientation, etc.) of the communities it serves.

Individuals selected for membership to the CHAG must be a PLWH and are expected to serve a two-year term. The PLWH Advisory Group, CHAG, members must be willing to disclose their HIV status openly and should be available for participation in public engagements. Members are to use first-hand knowledge of client needs and interests to support services and initiatives to meet the needs of PLWH. Members are required to attend meetings, conference calls and maintain an ongoing engagement with organizations and individuals from the group(s) they represent. The HIV/AIDS Section in conjunction with the group's chair and chair-elect reserve the right to remove an individual from a committee/group due to lack of participation, attendance or behavior. The continuation of membership in the committee/group will be re-determined after the completion of their first term.

The primary responsibilities of the group are defined in the [Roles and Responsibilities](#) found on our website. The CHAG application process consists of completion of the application form, including the Roles and Responsibilities form and a telephone interview. Individuals interested in being considered for membership should complete and mail or fax the attached form and signed copy of the Roles and Responsibilities document to:

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Communicable Diseases
HIV/AIDS Section
Performance and Quality Management
Consumer Advisory Group Liaison
4052 Bald Cypress Way, Bin A20
Tallahassee, Florida 32399
850-901-6980

Membership Application Form
Community HIV Advisory Group

Name:	<i>First</i>	<i>M.I</i>	<i>Last</i>
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Title (if any):	
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Home Address:			
City	<i>County</i>	<i>State</i>	<i>Zip</i>

Mailing Address (if different):			
City	<i>County</i>	<i>State</i>	<i>Zip</i>

Contact Information:	
Home Phone:	Work Phone:
Cell Phone:	Other:

Email Address:	
Preferred	<i>Secondary</i>

Gender Identity: (mark with an 'x'):			
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male
<input type="checkbox"/> Non-binary/third gender	<input type="checkbox"/> Non-conforming	<input type="checkbox"/> Other	

Age Range: (mark with an 'x'):		
<input type="checkbox"/> 13-19 years	<input type="checkbox"/> 20-29 years	<input type="checkbox"/> 30-39 years
<input type="checkbox"/> 40-49 years	<input type="checkbox"/> 50-59 years	<input type="checkbox"/> 60+ years

Sexual Orientation: (mark with an 'x'):		
<input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Lesbian	<input type="checkbox"/> MSM (gay or bisexual)
<input type="checkbox"/> Bisexual Female	<input type="checkbox"/> Other	

Race/Ethnicity: (mark with an 'x'):
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<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Haitian (Any Race)
<input type="checkbox"/> Hispanic/Latino (Any Race)	<input type="checkbox"/> Other	

Language Spoken: (mark with an 'x'):

<input type="checkbox"/> English	<input type="checkbox"/> Haitian-Creole	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other		

Other Languages Spoken: (mark with an 'x'):

<input type="checkbox"/> English	<input type="checkbox"/> Haitian-Creole	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other		

Through which mode of transmission did you acquire HIV?: (mark with an 'x'):

<input type="checkbox"/> Hetero	<input type="checkbox"/> IDU	<input type="checkbox"/> MSM
<input type="checkbox"/> Perinatal	Other	

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

<input type="checkbox"/> Individual living with HIV or AIDS (required)	<input type="checkbox"/> Peer Navigator/Mentor
<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"/> Representative of and/or formerly incarcerated individuals	<input type="checkbox"/> Ryan White Part A, B, C, or D Recipient
<input type="checkbox"/> Non-elected community leader	
<input type="checkbox"/> State or local government:	Specify:
<input type="checkbox"/> Other:	Specify:

Please answer the following questions:

Are you willing to do a phone interview by the Recruitment Committee of the CHAG upon submission of this application to answer any questions you may have as to what we do and what is expected of you?

The Community HIV Advisory Group agrees that members will disclose their HIV status openly and should be available for participation in public engagements. Are you willing to be in the public's eye with your HIV status?

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

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 CHAG member. If accepted for membership, I will fulfill all membership requirements as put forth by the HIV/AIDS Section and the Community HIV Advisory Group.

Signature:

Signature Required

Date Submitted:

Additional materials may also be attached and submitted for consideration