CAG
Florida Statewide Consumer Advisory Group
Working together, building a successful tomorrow
for positive individuals today.

Florida HEALTH

HIV/AIDS Section
CAG 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/AIDS policies, programs, issues and concerns. These committees/groups are discretionary bodies formed by the HIV/AIDS Section 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. 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 HIV/AIDS Section in conjunction with group co-chairs reserve the right to remove an individual from a committee/group due to lack of participation, attendance or behavior. The individual participation on the committee/group will be re-determined after the completion of his/her first term.

The primary responsibilities of the committee/group are defined in the Roles and Responsibilities found at the end of this application. The Roles and Responsibilities document is also available on the HIV/AIDS Section website: http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/CAG-Roles-Responsibilities2.pdf. 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
HIV/AIDS Patient Care Program
Community Programs Team
850-245-4335 extension 2540
Fax: 850-414-6719
james.easton@flhealth.gov

Mailing Address:
4052 Bald Cypress Way, Bin A09
Tallahassee, Florida 32399

Membership Application Form
Consumer Advisory Group

Name:			
	First	*Middle*	*Last*

Title (if any):

Address:

Contact Information:

Home Phone:	**Work Phone:**
Cell Phone:	**Other:**

Email Address:

Optional Information:

Sex: ☐Female ☐Male ☐Transgender **Age:**_____ years

Sexual Identity: ☐ Homosexual ☐ Bisexual ☐ Heterosexual ☐ Other _____

Sexual Orientation: ☐Male Sex Partners Only ☐Both Male and Female Sex Partners
☐ Female Sex Partners Only Other _____

Race/Ethnicity: (Check all that apply)
☐American Indian/Alaskan Native
☐Asian/Pacific Islander
☐Black/African American
☐Haitian (Any Race)
☐Hispanic (Any Race)
☐White/Caucasian
☐ Other/Unknown_____

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

√	Individual living with HIV or AIDS
	Affected communities: including populations hard-hit with HIV and historically underserved groups[1]
	AIDS service organization and/or community-based organization
	Health care provider
	Social service provider
	Mental health provider
	State or local government: Specify:
	Former Prisoner and/or their representative
	Part A, B, C, or D grantee
	Non-elected community leader
	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?

[1] Affected communities are composed of people who are living with HIV and AIDS, and individuals whose lives are directly influenced by HIV infection. Historically underserved populations include, but are not limited to, African Americans, Latinos, migrant populations, gay/bi men, heterosexual women and transgendered women.

In the HIV/AIDS Section , 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 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 any 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 CAG member (following pages). If accepted for membership, I will fulfill all membership requirements as put forth by the HIV/AIDS Section and the Consumer Advisory Group.

Signature:_____
Signature Required

Date Submitted:_____

Additional materials may also be attached and submitted for consideration

Roles and Responsibilities of CAG members include:

1. Operations

a) Participate in all CAG meetings in person or by telephone conference call
b) Actively participate in ***at least* one** local or statewide HIV/AIDS prevention or care planning group
c) Share the CAG information with your community and other Persons Living With HIV/AIDS (PLWHA) and bring information to CAG from your community
d) Ensure that the CAG is inclusive in its composition by recruitment in your community
e) Provide input to the HIV/AIDS Section to ensure effective operations of the CAG

2. Implementation

a) Work with the HIV/AIDS Section to ensure that information about all projects, programs and activities reflect the CAG mission and the changing needs of PLWHA
b) Promote educational workshops to empower HIV/AIDS-positive consumers living with a chronic disease
c) Increase awareness of HIV/AIDS in the community to help remove the stigma
d) Be open and accepting of your HIV status to further promote community understanding of HIV/AIDS
e) Be willing and comfortable being in the public's eye with disclosing your HIV status

3. Needs Assessment and Community Input

a) Contribute to the Ryan White Patient Care needs assessment in your community
b) Provide input regarding program implementation as needed and assist in interpreting data submitted by consumers involved in HIV/AIDS programs
c) Take part in local prevention planning efforts and interventions

4. Public Relations/Outreach

a) Assist in publicizing the CAG to the community at large, specifically serving as a liaison between the HIV/AIDS Section and other HIV/AIDS care and prevention planning groups
b) Contact HIV/AIDS service providers to request their assistance in promoting the CAG and its projects to their clients
c) Conduct outreach presentations in your region/area to include, but not limited to the following:
    - Promoting Prevention for Positives/High Risk interventions
    - Promoting Medical Monitoring Project
    - Promoting a speakers guild
    - Promoting CAG at local levels
    - Promoting Peer Programs
d) Assist in identifying regional, county and local resources to support CAG functions and activities

5. Participation in Community Events

CAG visibility contributes to the reduction of HIV-related stigma by putting a face to the epidemic and dispelling myths and misconceptions about HIV and those who are living with it. It is therefore important for CAG members to have visibility within the communities that they represent. World AIDS Day, AIDS Walks, fundraising events, ethnic festivals, etc., represent opportunities for the CAG to make its role and purpose known within the community. Such events provide opportunities to recruit new members for the CAG or to encourage others to learn their HIV status and get into care.

6. Code of Conduct

In order to promote and maintain civility and effectiveness of CAG, it is essential that not only the Roles and Responsibilities be fair and clear but that the members shall be held accountable to a fair and clear Code of Conduct.

CAG members shall:

- Demonstrate respect for fellow members during CAG meetings
- Respect the opinions of others, even if they disagree, and engage in open and productive discussions
- Arrive on time for meetings and stay until the conclusion of meetings
- Take on and complete their fair share of the CAG work, as necessary
- Conduct themselves in full accordance with established travel guidelines
- Attend meetings fully prepared to participate in CAG business
- Display appropriate behaviors and actions as any inappropriate behaviors or actions may result in removal proceedings by fellow CAG members