

Membership Application

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DDRESS						
CITY			STATE			
HOME PHONE		CELL PHONE		WORK PHONE		
EMAIL						
PREFERRED METHOD OF CONTACT: PHONE TEXT EMAIL						
COUNTY OF RESI	DENCE: 🖂	KING SNOHOM	ISH □ISLAND	OTHER		
Please indicate all days/times you are available for an interview:						
MONDAY: TUESDAY: VEDNESDAY: THURSDAY: TRIDAY:	□ MORNIN □ MORNIN □ MORNIN	IG AFTERNOON	□ EVENING □ EVENING □ EVENING			

All applicants must attend a Council meeting before their application will be considered. Please call 206-263-2030 for Council meeting dates, times and locations.

- 1. Please describe your personal and/or professional experience and expertise related to HIV or with the system of HIV/AIDS care services or other related activities.
- 2. Please discuss your interest in serving on the Planning Council and what skills or perspective would you bring?

3.	How long have you lived in the Seattle Transitional Grant Area (King, Snohomish & Island counties)?
4.	What else would you like us to know about you?
	ave read the two page "What Can I Expect in a Term on the Planning Council." I am willing to commit the e and effort required of Planning Council Members should I be selected for service.
Sig	nature: Date:

MANDATED REPRESENTATIONAL POSITIONS

Please indicate all positions you are eligible to fill, and include additional information as indicated

Please check the slots you fill, and include additional information as indicated

✓	Mandated Representational Positions Please check to the left if you fill this representational category
	Unaligned Consumer of Ryan White Part A services ☐ I receive Part A funded services related to my HIV (for information, call Council staff). ☐ I do not work and am not a paid consultant at a Ryan White Part A funded agency. ☐ I am not on the board of directors of an agency that receives Ryan White Part A funding.
	Health Care Provider to PLWH Number of PLWH patients on my current caseload: Name of clinic or practice
	Community Based Organization or AIDS Services Organization Name of agency:
	Housing/homeless services provider Name of agency:
	Mental health services provider
	Substance use treatment provider
	Non-elected community leader
	Hospital/Health planner: Name of hospital:
	Ryan White Part B Grantee (State DOH)
	Ryan White Part C Grantee ☐ Harborview Madison Clinic ☐ Country Doctor Community Clinic
	Ryan White Part D Sub-Grantee, or provider to women, infants, children and youth with HIV Name of agency:
	State Medicaid Agency Representative
	Grantees of other Federal HIV Funding (AETC, SPNS, HOPWA, etc.)
	Representative of recently incarcerated PLWH

place of birth and sexual orientation. Additionally, one third or more of members must be HIV+ unaligned consumers. The information below is needed to help meet this requirement. GENDER: ☐ Female ☐ Male ☐ Other: _____ Is this the gender that was assigned to you at birth? ☐ Yes □ No RACE: □ Black □ White ☐ Asian/Pacific □ Native American/ Islander Alaskan Native ☐ Other (Please list) **ETHNICITY:** ☐ Hispanic □ Non-Hispanic PLACE OF BIRTH ☐ United States ☐ Other (Please list) ☐ Gay/Lesbian SEXUAL □ Bisexual ☐ Heterosexual ORIENTATION **HIV STATUS** □ HIV+ ☐ HIV-☐ Status Unknown DATE OF BIRTH: / / Completed applications can be returned by: Mail: Seattle TGA HIV Planning Council 401 5th Ave., Suite 1250 Seattle, WA 98104

1. In addition to these slots, the Council must be representative of the diversity of those with HIV disease in King, Snohomish and Island counties in terms of gender, race, ethnicity,

If you do not have access to scan and email your signed application, just type your name on

the signature line and email the electronic copy.

<u>Application Process:</u>

- 1. Attend one of the monthly Council meetings, held on the 2nd Monday of the month from 4:00pm to 6:30pm—you can do this right away, no need to wait to hear from us. For details on meetings contact Council staff at (206) 263-3017 or kchung@kingcounty.gov.
- 2. This application will be reviewed by the Membership/Operations Committee to determine if you meet a current gap in Council membership.
- 3. Interview with the Membership Committee.

Or email: kchung@kingcounty.gov

- 4. Vote to nominate by the Council at a regular meeting which you would attend.
- 5. Appointment by the King County Executive.

Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, HIV status will be redacted.