

# 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(PLMHA)*. Four seats are allocated to PLMHA.
- (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 IMPORTANT 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

Belinda Chandler at [chandlerbel@michigan.gov](mailto:chandlerbel@michigan.gov)

APPLICATIONS ARE DUE OCTOBER 14, 2011 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)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/AK Native | <input type="checkbox"/> Asian                        | <input type="checkbox"/> Hispanic/Latino/Latina |
| <input type="checkbox"/> African American/Black    | <input type="checkbox"/> Native Hawaiian/Pacific Isl. | <input type="checkbox"/> Arab/Chaldean          |
| <input type="checkbox"/> 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)

- |  |   |
|--|---|
| <input type="checkbox"/> Person living with HIV/AIDS   | <input type="checkbox"/> Hemophiliac or recipient of blood products   |
| <input type="checkbox"/> Man who has sex w/ men (MSM)  | <input type="checkbox"/> Non-injecting substance user (current/former)  |
| <input type="checkbox"/> Injecting drug user (current/former IDU)  | <input type="checkbox"/> Person affected by HIV/AIDS (i.e. family member or partner is living with or has died from HIV/AIDS) |
| <input type="checkbox"/> MSM who is also IDU (MSM/IDU)   |   |
| <input type="checkbox"/> 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)

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> No Agency Affiliation                         | <input type="checkbox"/> State/Local Mental Health   |
| <input type="checkbox"/> Community Based Organization                  | <input type="checkbox"/> State/Local Substance Abuse |
| <input type="checkbox"/> Community Based Organization (minority board) | <input type="checkbox"/> State/Local Corrections     |
| <input type="checkbox"/> Other Non-Governmental Organization           | <input type="checkbox"/> Other Government: _____     |
| <input type="checkbox"/> State/Local Public Health                     | <input type="checkbox"/> College/University          |
| <input type="checkbox"/> State/Local Education                         | <input type="checkbox"/> Faith-based Organization    |
| <input type="checkbox"/> 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) <input type="checkbox"/> Prior experience with a former community planning group   | 2) <input type="checkbox"/> Experience working with HIV/AIDS community        |
| <input type="checkbox"/> Volunteering   | <input type="checkbox"/> Care-giver   |
| <input type="checkbox"/> Facilitating workshops/support groups  | <input type="checkbox"/> Other: _____   |
| 3) <input type="checkbox"/> Experience with local community planning  | 4) <input type="checkbox"/> Experience working with substance abuse           |
| <input type="checkbox"/> Member of Southeastern Michigan HIV/AIDS Council (SEM HAC)   | <input type="checkbox"/> Training/presenter/speaker on substance abuse        |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Volunteer in substance abuse clinic                  |
|   | <input type="checkbox"/> Active or former substance user/first-hand knowledge |
|   | <input type="checkbox"/> Counselor  |
|   | <input type="checkbox"/> Other: _____   |
| 5) <input type="checkbox"/> Experience with Community Based Organization  | 6) <input type="checkbox"/> Experience with HIV/AIDS prevention programs      |
| <input type="checkbox"/> Volunteering   | <input type="checkbox"/> Volunteering   |
| <input type="checkbox"/> Facilitating workshops/support groups  | <input type="checkbox"/> Facilitating prevention programs/support groups      |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____   |
| 7) <input type="checkbox"/> Experience with federal/state/local public health   | 8) <input type="checkbox"/> Experience with HIV/AIDS care programs            |
| <input type="checkbox"/> Volunteering   | <input type="checkbox"/> Volunteering   |
| <input type="checkbox"/> Facilitating public health programs  | <input type="checkbox"/> Facilitating care programs/support groups            |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____   |
| 9) <input type="checkbox"/> Experience with state/local education   | 10) <input type="checkbox"/> Experience with HIV/AIDS in a university setting |
| 11) <input type="checkbox"/> Speaker/Presenter Experience   |   |
| <input type="checkbox"/> HIV Specific   |   |
| <input type="checkbox"/> Other Topic: _____   |   |
| 12) <input type="checkbox"/> Educator Experience  |   |
| <input type="checkbox"/> Academic/Teacher   |   |
| <input type="checkbox"/> Training Explain: _____  |   |
| 13) <input type="checkbox"/> Experience as a board member/committee member of an organization/foundation/association/agency |   |
| <input type="checkbox"/> Name of Board/organization: _____  |   |
| <input type="checkbox"/> Role on Board: _____   |   |
| 14) <input type="checkbox"/> Other Experience or Comments: _____  |   |

**Michigan HIV/AIDS Council**  
**Membership Application**  
**Page 3**

**PERSONAL STATEMENT:**

The Michigan HIV/AIDS Council meets four times a year, and all members are expected to be able to attend at least three (3) meetings and be active on a committee. In order that we know more about you and what you do, in regards to the membership position you are applying for, please take a moment to answer the following questions and submit with your application.

Please provide an attached personal statement regarding your interest in participating in the Michigan HIV/AIDS Council (MHAC.) You should be as specific as possible in your statement, providing relevant examples. You should not, however, exceed two pages. Your statement should address the following:

- ❖ Please tell us why you want to be a part of MHAC, and what you feel you would bring to the Council, such as skills, expertise, life experience or personal commitment, etc.
  
- ❖ Please address if you are able to commit to the four full day meetings held in Lansing, as well as participate on a committee, which average one per month usually via conference call.