

COMMISSION ON HIV MEMBER APPLICATION

Introduction

Thank you for your interest in becoming a member on the Commission on HIV. Please complete this Membership Application (Application) in its entirety and submit electronically where prompted. *This Application will take approximately 10-12 minutes to complete.* For questions or assistance in completing this Application, please contact Commission staff at hivcomm@lachiv.org or at 213.738.2816.

Once the Application is submitted, Commission staff will review the Application for completeness and will notify you regarding next steps.

A paper version of this Application is available by printing the Application where prompted or by contacting Commission staff to have an Application sent to you. *Due to the COVID 19 pandemic, all Commission staff are working remotely and as a result, completed Applications must be submitted electronically or emailed to hivcomm@lachiv.org until further notice.*

Again, If you would like assistance in completing the Application or have questions concerning the membership application process, please contact Commission staff at hivcomm@lachiv.org or at 213.738.2816. For more information regarding the Commission, please visit our website at <https://hiv.lacounty.gov>.

****Questions requiring responses are preceded by an asterisk.***

* 1. **County COVID-19 Vaccination Mandate:** On October 1, 2021, the Board of Supervisors' (Board) COVID-19 vaccination mandate went into effect, requiring that all commissioners be fully vaccinated against COVID-19. Consistent with this mandate, it is encouraged for you to be vaccinated against COVID-19 before in-person meetings resume. The Los Angeles County Health Officer has indicated that vaccination is the best protection against the virus. Currently, all Commission on HIV meetings are held virtually. However, once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

I AM FULLY VACCINATED

I AM NOT FULLY VACCINATED

* 2. Are you applying as a NEW or RETURNING member?

NEW

RETURNING

* 3. Contact Information

Name and Pronoun
(For example: "John Smith, he/him/his")

Do you work for an agency/organization? *If yes, please state agency/org name and if not, please indicate "N/A" for not applicable.*

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Primary Email Address

Primary Phone Number

* 4. Were you recommended by an individual or organization? If so, please state the name of the recommending entity. ****Not required; suggested for applicants representing agencies/organizations****

Yes

No

Recommending individual/organization:

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Demographic Information

This information will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.

* 5. HIV Status ****There is NO requirement to disclose your status. Responses will be kept confidential. ****

Positive

Negative

Prefer not to specify

Unknown

* 6. Are you a parent, guardian or direct caregiver of a child with HIV under 19?

- Yes
- No

* 7. Do you use or receive Ryan White Part A HIV services in Los Angeles County? ****Click [here](#) to view list of Ryan White Part A services****

- Yes, I use and/or receive Ryan White Program Part A services in Los Angeles County
- No, I do not use or receive Ryan White Program Part A services in Los Angeles County
- I'm not sure; need assistance to determine

* 8. Do you use or receive HIV prevention services in Los Angeles County? ****Services can include HIV testing and linkage to care, health education/risk reduction, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), condoms and sterile syringes****

- Yes, I use and/or receive HIV Prevention services in Los Angeles County
- No, I do not use or receive HIV prevention services in Los Angeles County
- I'm not sure; need assistance to determine

* 9. Are you affiliated with a Ryan White Program-funded agency? ****Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click [here](#) for a list of Ryan White Program-funded agencies; subject to change****

- Yes
- No
- I'm not sure; need assistance to determine

* 10. Age

- 13-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

* 11. Gender Identification

- Non-Binary/Gender Non-Conforming
- Transgender: Female to Male
- Transgender: Male to Female
- Female
- Male
- If your gender identity is not listed above, please use this space to share how you self-identify:

*** 12. Race/Ethnicity ***Please select all that apply*****

- American Indian or Alaska Native ***Specify Nation in Comment Box below***
- Asian
- Black or African American
- Hispanic or LatinX
- If your Race/Ethnicity is not listed above, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native
- Multi-Race
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

*** 13. Please indicate which Supervisorial District and Service Provider Area (SPA) you work, live and/or receive HIV prevention, care and/or treatment services. ***Please select all that apply*****

To determine your Supervisorial District and SPA, click here:

<https://www.lavote.net/apps/precinctsmaps>

- Supervisorial District 1
- Supervisorial District 2
- Supervisorial District 3
- Supervisorial District 4
- Supervisorial District 5
- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8
- I don't know; need assistance to determine

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Representation

The Commission is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders.

*****Please select all that apply*****

14. I have been recommended to represent one of the following health and social service institutions, among whom are individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs. ***Please select N/A (not applicable) if this does not apply to you***

- | | |
|---|---|
| <input type="radio"/> Medi-Cal, State of California | <input type="radio"/> City of Los Angeles |
| <input type="radio"/> City of Pasadena | <input type="radio"/> City of Long Beach |
| <input type="radio"/> City of West Hollywood | <input type="radio"/> N/A |

15. I have been recommended to represent one of the following Ryan White grantees below. ***Please select "N/A" (not applicable) if this does not apply to you***

- | | |
|--|---|
| <input type="radio"/> Part B (California State Office of AIDS) | <input type="radio"/> Part F (AIDS Education and Training Centers [AETCs], or local providers receiving Part F dental reimbursements) |
| <input type="radio"/> Part C | |
| <input type="radio"/> Part D | <input type="radio"/> N/A <i>*Not Applicable</i> |

16. I represent one or more of the following stakeholder groups in Los Angeles

County *****Please select all that apply*****

- A person living with HIV or AIDS
- A person living with Hepatitis B or C
- A HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- An HIV specialty physician from an HIV medical provider
- A Community Health Center/Federally Qualified Health Center (“CHC”/“FQHC”) representative
- A mental health provider
- A substance abuse treatment provider
- A housing provider
- A provider of homeless services
- An AIDS Services Organization (“ASO”) offering federally funded HIV prevention services
- An ASO offering HIV care and treatment services
- A provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles
- Health or hospital planning agency who is recommended by health plans in Covered California
- Behavioral or social scientist who is recommended from among the respective professional communities
- Faith-based entities engaged in HIV prevention and care
- Local education agencies at the elementary or secondary level
- The business community
- Union and/or labor
- Youth or youth-serving agencies
- Other federally-funded HIV programs
- Organizations or individuals engaged in HIV-related research
- Organizations or individuals performing harm-reduction services
- Employed as an advocate for incarcerated people living with HIV and/or I am a person living with HIV who was incarcerated in the past three years and can represent the interests of incarcerated people living with HIV.

17. I am a member of a a federally-recognized American Indian nation or Native Alaskan village.

- Yes*
- No
- *If yes, please specify Nation:

Biographical Information

Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission.

* 18. For new members, briefly state why you would like to become a member of the Commission. For renewing members, please share why you would like to continue your membership.

* 19. What skills, abilities, and/or experience do you have that can be helpful to the Commission?

20. If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. *****This is optional and not required to be considered for membership*****

Choose File

Choose File

No file chosen

21. Please select any of the following trainings already taken. *****These trainings are not required to be considered for membership*****

- Introduction to HIV/STI, HIV/STI 101, or a relate basic Informational HIV/STI training
- Health Insurance Portability and Accountability Act (HIPAA) training
- Protection of Human Research Subjects
- Other related trainings, please specify:

* 22. How prepared are you to serve on the Commission?

Not yet prepared;
unfamiliar with the
work of the Commission
and eager to learn

Somewhat prepared;
familiar with the work
of the Commission and
eager to learn more

Fully prepared; well
informed of the
Commission's work

* 23. How can we support you so that you are able to fully participate and be effective on the Commission? Do you need special accommodations, i.e. translation or interpretation services, etc?

* 24. Would you consider being appointed as an Alternate? ***An Alternate attends Commission and assigned Committee meetings and serves in the absence of a unaffiliated consumer member with voting privileges in that capacity only. However, occupying an Alternate seat is a great way to learn the Commission and build capacity without the pressures of being a full member.***

- Yes
- No

25. Would you be interested in assuming a leadership role on the Commission? ***Members are eligible to serve as co-chairs on the Commission after one year of active service. Additional leadership opportunities are also available.***

- Yes
- No

26. Each appointed member will be assigned to one of the Commission's four standing Committees: Operations (OPS); Public Policy (PP); Planning, Priorities & Allocations (PP&A); and Standards & Best Practices (SBP). Please click [here](#) to review the roles & responsibilities of each Committee and select below, in order of priority, which Committee(s) you would be interested in participating on. **A second Committee assignment is an option, contingent upon approval.*

- Operations (OPS) Committee
- Planning, Priorities & Allocations (PP&A) Committee
- Public Policy (SBP) Committee
- Standards and Best Practices (SBP) Committee

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Statement of Qualifications

The Board of Supervisors requires that all Commission member appointees complete a Statement of Qualifications (SOQ) before they can be appointed.

Please click [here](#) to access the SOQ. Please be sure to complete all questions, indicate "N/A" if not applicable, and sign where prompted.

27. Please save and upload your completed/signed SOQ here or email to Commission staff at hivcomm@lachiv.org. For additional information, please contact Commission staff.

Choose File

Choose File

No file chosen

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Application Submission

Upon submitting the Application, I commit to the following:

- **Participate in Commission and assigned committee meetings from beginning to adjournment.**
- **Prepare for each meeting by carefully reading all pre-distributed materials.**
- **Provide information regarding needs and priorities.**
- **Make recommendations considering the community needs and data not my special interests or personal perspectives.**
- **Follow the Bylaws and Code of Conduct and comply with the Commission's expectations, rules and regulations, conflict of interest guidelines, the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant policies and procedures.**

I certify that all statements and representations made in this Application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

COVID-19 VACCINATION MANDATE:

I acknowledge that I am aware that the County of Los Angeles requires commissioners to be fully vaccinated to serve on a commission, and that I will be requested to present proof of my vaccination status upon appointment. If I do not provide proof of vaccination, I will be required to submit a negative COVID-19 test to commission staff before attending in-person meetings.

* 28. Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

Yes

No