



Application For Reappointment

Directions: Please complete this application, and sign the Statement of Member Commitment. Return the completed form to:

Planning Council Support
741 Monticello Avenue, Room 201
Norfolk, VA 23510

Email: Teresa.Malilwe@Norfolk.gov
Fax: 888-894-2674

All information in this application is confidential. Terms for Planning Council members are for two years, with a maximum of three term limit. Reacceptance is based on demonstrated service and commitment to the Planning Council and is not automatic.

The reappointment recommendation also requires the approval of the full Planning Council and the Mayor of the City of Norfolk.

All PC members who desire to be reappointed for membership must also arrange for an evaluation interview. Please call Planning Council Support at **757.823.4409** to schedule this interview

Contact Information *(please print)*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home phone: _____

Alternate phone: _____

Preferred way to be contacted between 9:00 am and 5:00 pm?

Home Phone Alternate Phone Email

Birthday (month/day only): _____ / _____

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If selected as a member of the Planning Council, I will commit to the following:

Check off each statement to show your commitment

- I confirm that, to the best of my ability, I am able to attend the regularly scheduled monthly Planning Council meeting (currently the last Thursday of each month, from 5:00 pm to 6:00 pm). I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**
- I understand that membership on the Planning Council is a two-year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.
- I agree to abide by the Bylaws, policies and procedures of the Planning Council.
- I agree to participate in Planning Council functions from beginning to adjournment.
- I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.
- I understand when I make recommendations and/or decisions, I agree to consider the HIV community as a whole, rather than just special interests or my personal perspectives.
- I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/or Committees.
- I agree to disclose any arrest and the resulting disposition of that arrest to the Planning Council, while a member of the Planning Council. Failure to promptly disclose the above information can lead to my dismissal from the Planning Council.
- I certify that all statements and representations made in this application are true and correct.

Signature

Date

The Reappointment Process

Complete this form, and be sure to sign the Statement of Member Commitment on page 1.

- Planning Council Support will review your form to ensure it is complete. We will contact you to confirm we have received it, and arrange to schedule a reappointment interview.
- The reappointment interview will be conducted by a panel of at least three members from the Membership and Nominations Committee, using a standardized interview and rating process with clearly defined selection criteria.
- The interview will include a series of open-ended questions that are individually ranked by panel members on the following scale: 0 (not meet requirements), 1 (meets requirements), or 2 (exceeds requirements). Your answers on this form and your attendance at Council meetings and events will also be considered.
- The interview is an opportunity for the member to express her/his goals and suggestions for improvement of the Planning Council. It is an open dialogue where barriers to participation can be discussed freely. Training needs and other opportunities will also be discussed.
- After the interview, scores will be totaled. In order to be recommended for reappointment, a member must have an average score at the "Meets requirements" level.
- Recommendations for reappointment will be based upon the following criteria:
 1. The current composition of the Council, and the level of compliance with HRSA requirements for representation and reflectiveness;
 2. The individual's level of participation, and the overall contribution to the Planning Council and its committees; and
 3. The availability of potential Planning Council members from various other sources within the TGA.

Please Note: *If you are applying as the representative of an organization, you will be asked to provide a written confirmation, on original company letterhead, that the organization has granted you permission to participate on their behalf. All information in this application is kept confidential. It is seen only by the Planning Council Support staff and, as needed, by members of the Membership and Nominations Committee and/or the Executive Committee during the application selection process.*

Please describe a positive experience you have had as a Planning Council member:

Please describe a negative experience you have had as a Planning Council member:

How do you feel you have contributed to the overall success of the Planning Council?

Describe your knowledge of The Ryan White Treatment Modernization Act?

- | | |
|---|---|
| <input type="checkbox"/> Like more training | <input type="checkbox"/> Somewhat Familiar |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Very knowledgeable |

Describe your knowledge of the Planning Council's Bylaws, and other policies and procedures?

- | | |
|---|---|
| <input type="checkbox"/> Like more training | <input type="checkbox"/> Somewhat Familiar |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Very knowledgeable |

Describe your knowledge of the roles and responsibilities of Planning Council members:

- | | |
|---|---|
| <input type="checkbox"/> Like more training | <input type="checkbox"/> Somewhat Familiar |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Very knowledgeable |

What other training opportunities interest you?

Describe why you wish to be reappointed to the Ryan White Planning Council for another two-year term:

Gender:

- Female Male Transgender
- Other: _____

HIV Status?

- HIV Positive HIV Negative Unknown
- Prefer not to specify

Current Age:

- 13 to 19 year 20 to 44 years
- 45+ years Prefer not to specify

Race/Ethnicity:

- White, not Hispanic
- Black, not Hispanic
- Asian/Hawaiian/Pacific Islander
- Hispanic (All Races)
- American Indian/Alaska Native
- Multi-race (more than one)
- Prefer not to specify
- Other: _____

Have you received Ryan White Part A-funded services within the last six (6) months?

- Yes No I'm not sure

If you are not HIV positive, are you directly affected by HIV in some way? (for instance, do you have an HIV positive family member/significant other)?

- Yes No If yes, how? _____

What languages do you speak?

- English
- Spanish
- Other: _____

Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?

- No Yes. I need assistance with:

Do you have any dietary restrictions/needs for meals served at meetings?

Other additional comments you would like to share?

Representation

I'm an employee or Board member of a Ryan White-funded Service Provider
Check all that apply

I'm an employee or Board member of a Non-Ryan White funded Service Provider
Check all that apply

I'm a member of the general public
Check all that apply

Representative of individuals living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who receive Ryan White Part A services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who are co-infected with hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of affected communities; including populations hard-hit with HIV disease and historically underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals who are former Federal, State, or local prisoners released from the custody of the penal system during the preceding three years, and who had HIV/AIDS as of the date of their release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a Federally recognized Indian tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-elected community leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected leader of a local municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of health care providers, including Federally qualified health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of an HIV/AIDS service organization or community based organization serving affected populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a social service provider, including providers of housing and homeless services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a substance abuse provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a City/County public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a State public health agency (VDH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantees under other Federal HIV programs, including but not limited to HIV prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Virginia Medicaid agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part D, or representative of an organization with a history of serving children, youth, women and families living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a local medical organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a hospital planning agency or health care planning agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a primary or secondary educational institution, or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Do you identify as belonging to any of the following groups?

Heterosexual Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay, lesbian or bisexual individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian of a child living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>