ORANGE COUNTY PREVENTION PLANNING COMMITTEE (PPC)

APPLICATION FOR MEMBERSHIP *(Please Type or Print)*

Contact Information

Applicant's Name: _____ Date: _____
Address: _____
_____
Email: _____
Fax: _____
What is your preferred contact phone number? _____
May we leave a message at the above contact phone number? ☐ Yes ☐ No
May we fax HIV/AIDS-related materials to the above fax number? ☐ Yes ☐ No
May we email HIV/AIDS-related materials to the above email address? ☐ Yes ☐ No

CITY OF RESIDENCE (Check one)

☐ **North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
☐ **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
☐ **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MEMBERSHIP CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

☐ Epidemiology
☐ Mental Health
☐ Substance Use
☐ Counseling/Testing
☐ Prevention with Positives
☐ University/Academia
☐ Youth
☐ School-based Services
☐ Family Planning/STD Tx
☐ Hospital/Clinic
☐ Faith-based Organizations
☐ Incarcerated
☐ MSM
☐ Transgender
☐ High-risk Heterosexuals
☐ Persons living with HIV/AIDS (PLWH/A) (see the Protected Health Information disclosure on page 5)
☐ Other Community Leaders
☐ City of Santa Ana
☐ City of Laguna Beach
☐ City of Anaheim

Please describe below how you qualify for the category/ies marked:

_____
_____
_____
_____

AFFIRMATION OF MEMBERSHIP COMMITMENT

I commit to:

- Participate in all committee meetings from beginning to adjournment.
- Participate in the Membership and/or Outreach Subcommittee.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the committee.
- Follow the Rules of Respectful Engagement.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County Prevention Planning Committee.

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, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: _____

Signature: _____ Date: _____

ADDITIONAL INFORMATION

If employed, who is your current employer? ☐ Does not apply
Type of Business/Agency _____ Job Title _____
Is your current employment HIV/AIDS related? ☐ Yes ☐ No
Briefly describe your responsibilities.

_____

_____

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

_____

_____

_____

In 150 words or less, explain why you wish to serve on the PPC. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

_____

_____

_____

_____

PERSONAL PROFILE

Gender Identity: ☐ Male ☐ Female ☐ Transgender: Male-to-Female ☐ Other
☐ Transgender: Female-to-Male ☐ Decline to State

Cultural/Ethnic Identity:
☐ African-American
☐ Latino/a (specify): _____
☐ Pacific Islander (specify): _____
☐ Decline to State
☐ Asian (specify): _____
☐ Native American (specify Tribe/Nation: _____)
☐ White/Caucasian
☐ Other (specify): _____

ORANGE COUNTY PREVENTION PLANNING COMMITTEE

CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The PPC has members who are professionally or personally affiliated with organizations (listed below) that receive funds or may be eligible to receive funds that are allocated by the county. Because of the potential for conflict of interest, current members and candidates for membership on the PPC must complete this disclosure form. The following agencies are currently HCA funded HIV prevention service providers:

AIDS Services Foundation
Asian Pacific AIDS Intervention Team
Orange County Health Care Agency
The Center, Orange County

Please complete either section (A)**, or section** (B) **below, as appropriate, and sign/date:**

SECTION A

By my signatures below, I certify that:
I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received or is seeking HIV prevention funding from the County of Orange Health Care Agency.

Signature: _____ **Date:** _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:
I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving or seeking HIV prevention funding from the County of Orange Health Care Agency.

Organization: _____
Period of Affiliation: _____
Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____ **Date:** _____

Print or Type Name: _____

Authorization to
Disclose Health Information

PURPOSE OF THE DISCLOSURE of Health Information: Choosing to disclose or not to disclose any medical conditions including HIV will not affect my consideration for membership on the Prevention Planning Committee

In order to be considered for membership as a PLWH/A (Person Living with HIV or AIDS), a person's HIV status must be publicly disclosed. If you are not applying as a PLWH/A you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

AUTHORIZATION TO DISCLOSE HIV STATUS:

I, the undersigned, hereby **voluntarily** acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County Prevention Planning Committee and understand that it may become part of public record.

Signature: _____ Date: _____

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PUBLIC RECORD

Authorization For Agency Representation

Applicant Name: _____
Last First

Name of Agency: _____

Name of Executive Director: _____

PURPOSE OF THE AUTHORIZATION: By signing this authorization, I recognize that the applicant, should s/he be approved for membership, may potentially represent the agency when voting. I understand that all meetings are discussed in public and that meeting minutes become public record. The Ralph M. Brown Act requires open discussion in a public forum.

I, the undersigned, hereby authorize the above applicant to exercise his/her voting privilege on behalf of the agency, if necessary.

To be completed by the Agency's Executive Director

Today's Date: _____

Executive Director Name: _____

Signature: _____

Complete Address: _____

_____

Telephone: _____

THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED.

PUBLIC RECORD