

The Application Process

Complete this application, and be sure to sign the Statement of Member Commitment.

Return the completed form to:
HIV Commission Support
976 Lenzen Avenue, Suite 1800
San José, CA 95126

- Once received, your application will be reviewed to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the pool of applications for the Executive Committee to review.
- At each Executive Committee meeting, the membership profile of the Commission is reviewed. If new members are needed, the committee will review all of the current applications.
- If your application is selected, you will be contacted to confirm you wish to participate. If you agree, you will be recommended to the Santa Clara County Board of Supervisors for appointment to the HIV Commission.
- If your application is not selected right away, don't worry! New members are appointed as vacancies occur on the Commission, so sometimes it can take a while. We will keep your application active for one year, and will keep you informed of the status of your application. You are welcome to take part in any of our meetings as a member of the public or to join one of the Commission's committees.

Contact the HIV Commission

Email HIVCommission@phd.sccgov.org
Phone (408) 792-5210
Fax (408) 792-5041
Website www.scchivcommission.org
Address 976 Lenzen Avenue, Suite 1800
 San José, CA 95126

About the HIV Commission

The Santa Clara County HIV Commission is a community group appointed by the Santa Clara County Board of Supervisors. The primary purpose of the Commission is to ensure the development of a client-centered comprehensive continuum of care for persons at risk for or living with HIV disease in the Santa Clara County.

Our Mission

It is the mission of the Santa Clara County HIV Commission to support and enhance an effective, compassionate and comprehensive system of HIV prevention and care services to all people living in Santa Clara County.

HIV Commission Committees

Executive Committee

The role of the Executive Committee is to coordinate the work of the Commission, standing committees, subcommittees, and ad hoc committees; develop policies and procedures for Commission administrative functions; recruit and screen potential Commission members; manage Commission member development, and related activities delegated to it by the Commission.

Care Committee

The role of the Care Committee is to coordinate the priority setting and resource allocation process; participate in comprehensive planning and assess the care and support needs of people living with or at risk for HIV; participate in quality improvement activities; review standards of care; and related activities delegated to it by the Executive Committee.

Prevention Committee

The role of the Prevention Committee is to monitor, coordinate, and promote HIV prevention priorities and activities; assess the prevention needs of people living with or at risk for HIV; and related activities delegated to it by the Executive Committee.

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Funding for the HIV Commission is provided by the Department of Health and Human Services - Health Resources and Services Administration, and the Santa Clara County Public Health Department - HIV/AIDS Prevention and Control Program.

Directions: Please complete this application, sign the Statement of Member Commitment, and return to:

HIV Commission Support
976 Lenzen Avenue, Suite 1800
San José, CA 95126
HIVCommission@phd.sccgov.org

Contact Information *(please print)*

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Home phone: _____

Alternate phone: _____

Preferred method of contact between 9:00am and 5:00pm?

Home phone Alternate phone Email

May we add you to our email list? Yes No

Agency/Organization Affiliation *(if applicable)*

Job Title: _____

Organization: _____

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If appointed as a member of the HIV Commission, I will commit to the following:

(check of each statement to show your commitment)

- I confirm that, to the best of my ability, I am able to attend the regularly scheduled Commission meetings (currently the second Tuesday of each odd month, from 6:00pm to 8:00pm). I will notify Commission support staff in advance if I am unable to attend a meeting.
- I confirm that, to the best of my ability, I am able to attend regular committee meetings
- I understand the membership on the Commission is a three (3) year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Commission.
- I agree to abide by the Bylaws, policies, and procedures of the Commission.
- I agree to participate in Commission functions from beginning to adjournment.
- I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.
- 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 Commission and/or committees.
- I certify that all statements and representations made in this application are true and correct to the best of my knowledge.

Signature

Date

Please describe why you wish to become a member of the HIV Commission:

How did you learn about the HIV Commission?

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

- Life experience
- Planning experience
- Rules/policy development
- Education/training experience
- Budgeting/financial planning experience
- Other - please describe:

What language(s) do you speak?

- English
- Spanish
- Other: _____

Are you a volunteer for any organization?

- HIV/AIDS organization Board Member
- Other organization Board Member

List organization(s) and hours volunteered per month:

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

- No
- Yes, I need assistance with: _____

Other comments you'd like to share:

Representation: The category you are appointed to represent is public information.

Are you a representative of any of the following categories?

- Person living with or affected by HIV, including a spouse/partner, parent, sibling, child, or caregiver
- Person representing disproportionately affected and historically underserved groups and subpopulations
- Person with expertise in essential HIV health and medical services
 - Physician, physician's assistant, nurse practitioner or nurse actively caring for individuals living with HIV
- Person with expertise in support services for persons living with HIV
- Person with expertise in HIV prevention
- Member of the general public having an interest or expertise in supporting persons living with HIV

Please provide three references:

Reference 1

Name _____
Address _____
Phone _____

Reference 2

Name _____
Address _____
Phone _____

Reference 3

Name _____
Address _____
Phone _____