

San Francisco HIV Prevention Planning Council (HPPC) Procedure for Inviting Community Members to Join Committees

Community members are invited to join and fully participate on HPPC committees. The experience, views, and votes of community members are a valuable contribution to the HPPC. All committees are encouraged to invite a few community members to join.

Community members on committees have the same authority and responsibility as anyone else on the committee: the responsibility to attend all committee meetings, to stay informed about the issues, to prepare for meetings and the authority to express opinions, form committee recommendations, and vote. The difference between a community member and official HPPC members is that community members may not serve as the chair of a committee and cannot sit at the table nor vote at full HPPC meetings. They are, of course, welcome to come to HPPC meetings and observe or offer public comment, just as is any member of the public.

If Council members know someone they think would be a valuable member on a committee, please invite that person to apply for membership by completing the Community Member Form and sending it to the HIV Prevention Section, AIDS Office. The Co-Chairs will review the nomination and send a letter inviting the person to join the committee as a community member.

Community Members Nomination Form

Name of Community Member: _____

Name of Committee: _____

Nominated by: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

<i>Gender</i>		<i>Age Group</i>		<i>Ethnicity</i>		<i>Sexual Orientation (Optional)</i>		<i>HIV Status (Optional)</i>		<i>Substance Use History (Optional)</i>	
Male	<input type="checkbox"/>	15-24	<input type="checkbox"/>	Afr. Am.	<input type="checkbox"/>	Gay Male	<input type="checkbox"/>	HIV+	<input type="checkbox"/>	Non IDU Substance Use History <input type="checkbox"/>	
Female	<input type="checkbox"/>	25-30	<input type="checkbox"/>	Nat. Am.	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	HIV-	<input type="checkbox"/>	IDU History <input type="checkbox"/>	
Transgender	<input type="checkbox"/>	31-40	<input type="checkbox"/>	Asian/PI	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	None <input type="checkbox"/>	
(If Transgender):		Over 40	<input type="checkbox"/>	Latina/o	<input type="checkbox"/>	Hetero	<input type="checkbox"/>	Decline to State	<input type="checkbox"/>	Decline to State <input type="checkbox"/>	
Male to Female	<input type="checkbox"/>			White	<input type="checkbox"/>						
Female to Male	<input type="checkbox"/>			Other	<input type="checkbox"/>						

Please fax this form to the AIDS Office at (415) 431-7547 or mail to Betty Chan Lew at HIV Prevention Section, AIDS Office, 25 Van Ness Avenue, Suite 500, San Francisco, CA 94102.