

# Transgender Community Workgroup Membership Application



In alignment with the National HIV/AIDS Strategy put forth by the White House, the Florida Department of Health, Bureau of HIV/AIDS would like to increase involvement with and prevention activities for Florida's transgender communities. One way the bureau is looking to increase efforts within this underserved community is by forming a workgroup with the purpose of advising the bureau on issues unique to the needs and concerns of Florida's diverse transgender communities, particularly those at risk for, or living with, HIV/AIDS.

The workgroup will focus on the following:

- Identifying and sharing best practices surrounding strategies for testing, mobilization, linkage to care, and interventions
- Providing guidance on cultural competency issues
- Providing technical assistance and training (on-site or via webinars) on an ad-hoc basis to partners (both CBOs and DOH staff)
- Identifying, adapting, and/or developing behavioral interventions
- Developing mobilization strategies and identifying gatekeepers to reach transgender populations
- Development of a comprehensive toolkit that interested stakeholders and service providers can draw upon in the delivery of accurate, informed, culturally competent and appropriate HIV/AIDS related services to transgender people

We are soliciting participation from 4-6 ambitious and dedicated individuals who not only possess experience and expertise in transgender issues, but also provide an adequate geographic representation of our state. This group will work closely with bureau staff in the design, implementation, and evaluation of transgender prevention programming statewide.

Membership is open to transgender community members and service providers (public & private health services, CBO/ASO, university/college, social/human-services staffs) experienced in working with the transgender community. We ask that workgroup members serve a two-year term, attend meetings, and maintain an ongoing engagement with organizations and individuals from the group they represent. Monthly meetings will take place primarily via conference call and email. Individuals interested in being considered for membership should email or fax a completed application to:

Florida Department of Health  
Bureau of HIV/AIDS  
Attn: John-Mark Schacht  
4052 Bald Cypress Way, Bin A-09  
Tallahassee, FL 32399  
e-mail: [john-mark\\_schacht@doh.state.fl.us](mailto:john-mark_schacht@doh.state.fl.us)  
Fax: (850) 922-4202  
Phone: (850) 245-4444 ext. 2574

For additional information, please contact John-Mark Schacht

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**Please Note:** Florida has a very broad public records law. Most written communications to or from a state official regarding state business are public records available to the public and media upon request. Your application may therefore be subject to public disclosure. Applications will be maintained by the Bureau of HIV/AIDS.

**Name:** \_\_\_\_\_  
*First Middle Last*

**Employer/Agency:** \_\_\_\_\_

**Title/Position (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Optional Information:

**Sex:**  Female  Male  Transgender (MtF)  Transgender (FtM) **Age:** \_\_\_\_\_

**Sexual Identity:**  Gay  Bisexual  Heterosexual  Gender Queer  Other \_\_\_\_\_

**Race:** (check all that apply)

**Ethnicity:** (check all that apply)

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- White/Caucasian
- Other/Unknown \_\_\_\_\_

- Hispanic
- Haitian
- Other \_\_\_\_\_

## Category of Representation: (check all that apply)

- Individual living with HIV/AIDS\*
- Affected communities (*i.e.*, populations with high HIV/AIDS rates, underserved populations)
- AIDS service organization and/or community-based organization
- Health care provider
- Social service provider
- Social worker/case manager
- Mental health provider
- State or local government, specify: \_\_\_\_\_
- Ryan White Part A, B, C, or D grantee
- Non-elected community leader
- Previously incarcerated individual and/or their representative
- Other, specify: \_\_\_\_\_

\* HIV serostatus disclosure is not required. Comfort with disclosure varies, individually. We acknowledge the deeply-personal nature surrounding the topic of disclosure.

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**Please answer the following questions as they apply to you:**

**1. What particular skills, expertise and experience will you bring to this the group?**

\_\_\_\_\_

**2. Do you have any experience participating in community planning, advisory groups, or other similar bodies? If so, please describe.**

\_\_\_\_\_

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3. Why are you interested in becoming a member of this particular work group?

\_\_\_\_\_

4. Please describe what components you think should be in place within communities to address the needs of transgender people, particularly those at risk for, or living with, HIV/AIDS?

\_\_\_\_\_

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5. Is there any additional information you would like us to consider when reviewing your application?

\_\_\_\_\_

*If possible, please attach a current bio or vitae to this membership application. Additional materials may also be attached and submitted for consideration.*

By signing this membership application, I certify that all information contained herein is true and accurate to the best of my understanding. I also certify that I have read and understand the membership requirements of this group and, if accepted for membership, will fulfill all membership requirements as put forth by the Bureau of HIV/AIDS.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_