

HIV Planning Group (HPG) Membership Application

Application Instructions/Information

- Applications are accepted on a rolling basis throughout the year.
- The HPG will appoint new members annually for a three year term, beginning on January 1st (or as needed).
- The HPG represents a diverse community of individuals throughout the Commonwealth of Pennsylvania who have been affected by HIV/AIDS. Applicants are asked to provide personal and demographic information, as well as information on past experience in order to achieve the Group's vision, mission and values.

Applicant Information

Full Name:

Home Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

E-mail:

Employer:

Work Address:

City:

State:

Zip Code:

Emergency Contact Information

Name of Person to Contact:

Relationship to Applicant:

Primary Phone

Secondary Phone:

E-mail:

Area Representation

The geographic location best describing where you live (choose one):

- I live in a rural area or rural community (population roughly less than 2,500)
- I live in a small or mid-size city. (population less than 100,000).
Examples include Harrisburg, Johnstown, Scranton, Lancaster, etc.
- I live in a suburban area - a residential area around or just outside a larger city.
- I live in the city of Erie, Pittsburgh, Philadelphia, or Reading.

My county: _____

Group Participation

Do you currently participate, or have you participated in, any other community advisory groups?

Yes No

If yes, what group/s? _____

Demographic Information

Age:

- ≤ 13
 14-19
 20-29
 30-39
 40-49
 50-59
 60+

Current Gender:

- Male
 Female
 Female-to-Male
 (FTM)/Transgender
 Male/Trans Man
 Male-to-Female
 (MTF)/Transgender
 Female/Trans Woman
 Genderqueer, neither
 exclusively male nor female
 Other (please specify):

 Decline to answer

What sex were you assigned at birth on your original birth certificate?:

- Male
 Female
 Decline to answer

Sexual Orientation:

- Lesbian, gay or
 homosexual
 Straight or heterosexual
 Bisexual
 Something else (please
 specify): _____
 Don't know
 Prefer not to disclose

Ethnicity (choose one):

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown
 Prefer not to disclose

Race (choose one):

- African-American or
 Black
 American Indian or Alaska
 Native
 Asian
 White
 Native Hawaiian or Other
 Pacific Islander
 More than one Race
 Other: _____
 Prefer not to disclose

Community Representation and Work Affiliation (check all that apply):

Community Representation (Groups with whom you identify):

- PLWH (persons living with HIV)
 Men who have sex with men (MSM)
 Individuals who identify as transgender
 Persons who inject drugs (PWID)
 Individuals at risk through unsafe sex
 People experiencing or who have experienced homelessness
 People experiencing or who have experienced incarceration
 Persons with disabilities (aging-related, mental,
 communicative, physical, etc.) living with or at risk for HIV
 Emerging communities (specify): _____


Work Affiliation:

- RW Part B Service Provider
 RW Part B sub-recipient
 RW Part C
 Community Health Center/FQHC
 Other HIV Medical Provider
 RW Part D
 HIV Testing/Prevention
 County/Municipal Health
 Department
 Other (specify): _____

From the above Community Representation and Work Affiliation choices, indicate the ONE representation **or** work affiliation that you identify with most :

From the above Community Representation and Work Affiliation choices, indicate the second-best representation **or** work affiliation that you identify with:

Describe why you wish to be a member of the HPG. Please include specific relevant experience and strengths (use additional paper if necessary).



Please note that all demographic information and community representation will be kept confidential and will only be used to ensure that the HPG is choosing members that will fulfill the organization's vision, mission and values. You may be asked to provide one or two references that are knowledgeable regarding your affiliations, expertise, and/or community representation.

By signing below I indicate my willingness and interest in becoming a member of the HPG and that the information included in this application has been provided to the best of my knowledge. I authorize verification of the information provided on this form as it pertains to my affiliations and expertise.

Name: _____

Date: _____

Signature: _____