

# County of San Diego HIV Prevention Community Planning Board Membership Application

To help us process your membership application, please provide all of the information requested. Enter N/A (not applicable) where appropriate. ***Please type or print clearly.*** If there is any part of the application that you don't understand, please contact **Jae Egan** at the **HIV, STD & Hepatitis Branch (HSHB) of Public Health Services** for help at **619-692-8369** or [jeffrey.egan@sdcounty.ca.gov](mailto:jeffrey.egan@sdcounty.ca.gov). The deadline for the current membership recruitment period is 5:00 pm on June 5, 2009.

## Part 1 Contact Information

**Name**

**Home Address**

<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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**HHS Region of Residence** (circle one)    CENTRAL                      EAST  
 NORTH CENTRAL      NORTH COASTAL      NORTH INLAND      SOUTH

**Home Phone Number** (    )

**Current Place of Employment** (if applicable)

**Work Address**

<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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**Work Phone Number** (    )

<b>Cell Phone Number</b> (    )	<b>Accept Text Messages?</b> (circle one) Yes      No
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<b>E-mail Address</b> (home) (work)	<b>FAX Number</b> (if available)
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Please be aware that the Prevention Board is a public body. While your personal information will be kept confidential, membership on the Board is not. You will receive mail and phone calls from the HIV, STD and Hepatitis Branch (HSHB) and members of the Prevention Board. Would you prefer to receive phone calls, messages, and/or mail at home or at work?

**I prefer to receive phone calls and messages at:**      Home      Work    (circle one)  
**I prefer to receive email at:**                              Home      Work    (circle one)

## Part 2 Personal Information

The composition of the Prevention Board is required to reflect the demographics of the HIV/AIDS epidemic in San Diego. By providing the information in questions A-H to follow, you will help ensure the Board reflects the diversity of communities affected by HIV/AIDS. **Your responses will be kept CONFIDENTIAL** and will be available only in to the HSHB support staff and members of the HIV Prevention Community Planning Board Membership Committee.

**For each question below, please check the box beside the category with which you most closely identify, even if you don't use identical language to describe yourself. Feel free to include any additional information that you use to describe yourself on the "other" lines provided.**

**A. I am:**  Male  Female  Transgender M-F  Transgender F-M  
 Other \_\_\_\_\_

**B. My sexual orientation is:**  Heterosexual  Gay  Lesbian  Bisexual  Other \_\_\_\_\_

**C. I am a person living with HIV/AIDS:**  Yes  No  Decline to State

(This information will only be made available to the Membership Committee and Prevention Board support staff)

**If "yes," as a member of the Board, are you willing to self-identify as a person living with HIV/AIDS?**  Yes  No

**D. My race/ethnicity is:** (Please check most prominent)

White/Caucasian (non-Hispanic)  Black/African American (non-Hispanic)  Hispanic/Latino/a  
 Asian/Pacific Islander  American Indian/Alaska Native  Other \_\_\_\_\_

**E. My age fits in the following range:**

13 – 18  19 – 24  25– 34  35– 44  45– 54  Over 55+

**F. I am a current member of the following HIV prevention community planning committees or advisory groups:**

Continuum of Care Committee  Coalition of Latino AIDS Service Providers (CLASP)  
 Epidemiology and Target Populations Committee  HIV CARE Partnership  
 Prevention Strategies and Evaluation Committee  Kemet Coalition  
 Trans Action Advisory Group (TAAG)  
 Youth Council

**G. I am an employee of board member of the following types of organizations, agencies, or programs:** (Check all that apply and list the specific organization and your role on the lines provided. If you're uncertain, please ask your employer.)

- |   |   |
|---|---|
| <input type="checkbox"/> Community-based organization (CBO) serving affected populations / AIDS service organization (ASO)                                    | <input type="checkbox"/> Local public health agency   |
| <input type="checkbox"/> Health care provider or community clinic   | <input type="checkbox"/> Hospital planning agency or health care planning agency  |
| <input type="checkbox"/> Government agency  | <input type="checkbox"/> Affected communities   |
| <input type="checkbox"/> Social service provider  | <input type="checkbox"/> Ryan White Treatment Modernization Act funded agency   |
| <input type="checkbox"/> Mental health service provider   | <input type="checkbox"/> Academic Institution   |
| <input type="checkbox"/> Substance abuse treatment provider   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> HIV prevention service provider / program funded by the HSHB   | <input type="checkbox"/> I am not affiliated as an employee or board member with any of the types of organizations listed above |
| <input type="checkbox"/> HIV prevention service provider / program funded directly by the Centers for Disease Control and Prevention, or other funding source |   |

**The names of the organizations I checked and my role(s) in those organizations are:**

NAME	ROLE

**H. Identify areas of interest or expertise you can contribute to the Board on the HIV prevention needs of** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Epidemiology                          | <input type="checkbox"/> Outreach                                 |
| <input type="checkbox"/> Evaluation                            | <input type="checkbox"/> Partners of individuals at high risk     |
| <input type="checkbox"/> General HIV prevention                | <input type="checkbox"/> People of color                          |
| <input type="checkbox"/> Health planning                       | <input type="checkbox"/> Prevention with HIV positive individuals |
| <input type="checkbox"/> Incarcerated or formerly incarcerated | <input type="checkbox"/> Sex industry worker                      |
| <input type="checkbox"/> Injection drug users                  | <input type="checkbox"/> Substance abuse services                 |
| <input type="checkbox"/> Interventions/Strategies              | <input type="checkbox"/> Transgender issues                       |
| <input type="checkbox"/> Mental health services                | <input type="checkbox"/> Women                                    |
| <input type="checkbox"/> Men who have sex with men             | <input type="checkbox"/> Youth                                    |
| <input type="checkbox"/> Other non-medical support services    | <input type="checkbox"/> Other (please specify) _____             |





4. Active member participation is vital to the work of the Prevention Board. Members are required to attend one two-hour meeting, six times per year. Are you able to make this membership commitment?

Yes       No

5. Much of the Prevention Board's work is accomplished by member participation on committees and advisory groups that require at least one additional one-and a half hour meeting per month. Are you able to make this membership commitment?

Yes       No

6. Please ask a colleague to write a letter of recommendation for you explaining how he/she knows you and describing your work related to HIV/AIDS prevention and other issues, your community participation, your meeting skills, and any other personal qualities or experiences that you have. Please attach the letter to your application along with telephone and email address where he/she can be reached. Applications without letters of recommendation will not be forwarded to the Membership Committee for consideration.

If any information on your application changes, if you wish to withdraw your application from consideration by the Prevention Board Membership Committee or if you have any other questions or comments, please contact Jae Egan at the HIV, STD and Hepatitis Branch as soon as possible at **619-692-8369** or via email at [jeffrey.egan@sdcounty.ca.gov](mailto:jeffrey.egan@sdcounty.ca.gov).

If we are unable to recommend you to become a member at this time, would you like to

- |  |     |    |
|--|-----|----|
| a. be considered for subsequent vacancies?                       | Yes | No |
| b. continue receiving updates about Prevention Board activities? | Yes | No |

## Part 4      Signature and Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PLEASE REMEMBER TO ATTACH A LETTER OF RECOMMENDATION**

Mail or FAX your completed application no later than **5:00 pm on June 5, 2009** to:

HIV, STD and Hepatitis Branch of Public Health Services

PREVENTION PLANNING UNIT Attn: Jae Egan

P.O. Box 85524, MSP505

San Diego, CA 92186

FAX: (619-296-2688)