



Northern Nevada HIV/AIDS/STD Planning Council

Membership Application

Where the form asks you to check an item, use a check like this: ✓

Name

Organization Name

Position/Title

Home
Address

Telephone
Fax
Cell
Pager
E-mail

Work
Address

Telephone
Fax
Cell
Pager
E-mail

Age: ___0-19 ___20-24 ___25-29 ___30-49 ___50+ ___Unknown

Please consider my application for the following:

Planning Council Member

Planning Council Alternate

Time Commitment

Are you willing to make the time commitment to attend regular planning group meetings (on average 5-8 hours per month) for?

1 year

2 years

3 years

Current Planning Council Members (voting members only please)

Please indicate the number of meetings you have attended in the past year.

Travel

Do you have any travel constraints?

yes

no

If yes, please explain.

Demographics

The following information will help ensure Planning Council membership accurately reflects the current epidemic of HIV/AIDS in Northern Nevada. Please select the categories with which you most closely identify, even if you don't use the identical language to describe yourself. The information you provide will be combined with that of other Planning Council participants. *

**All information is available only to Co-Chairs and Planning Council staff.*

I am... Male
 Female
 Transgender

I am... HIV -
 HIV+ and am open with disclosure of my status
 HIV+ , please see below*

*If you choose to disclose your HIV status, you have the option of public disclosure to the Community Planning Council, but if you wish to only disclose to the recipient of this Membership Application, please check this box. If you choose the latter, your information is 100% confidential and will only be used to report the involvement of people with HIV to the CDC.

**A CPG member is affected by HIV/AIDS if she/he is not infected, but has a family member or partner who is living with HIV/AIDS or had a family member or partner who died from HIV/AIDS.

Ethnicity

Hispanic or Latino
 Not Hispanic or Latino

Race

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 More than One Race

Representation

1. Please check one box that indicates the first representation category with which you identify. (Note: All Planning Council members must have a primary representation.)

PRIMARY AGENCY/OTHER REPRESENTATION			
Faith Community		Other Government	
Minority Board CBO		Academic Institutions	
Non-Minority Board CBO		Research Center	
Other Nonprofit		Individual (person)	
State Health Department		Other	
Local Health Department			

2. Please check one box that indicates the secondary representation category with which you identify after the primary representation category. (Note: Please only indicate a secondary representation category if one exists. Leave blank if not applicable.)

SECONDARY AGENCY/OTHER REPRESENTATION			
Faith Community		Other Government	
Minority Board CBO		Academic Institutions	
Non-Minority Board CBO		Research Center	
Other Nonprofit		Individual (person)	
State Health Department		Other	
Local Health Department			

3. Please check one box that indicates the primary expertise category with which you identify. (Note: All Planning Council members must have a primary expertise.)

PRIMARY EXPERTISE			
Epidemiologist		Health Planner	
Behavioral or Social Scientist		Community Representative	
Evaluation Researcher		Other	
Intervention Specialist			

4. Please check one box that indicates the secondary expertise category with which you identify after the primary expertise category. (Note: Please only indicate a secondary expertise category if one exists. Leave blank if not applicable.)

SECONDARY EXPERTISE			
Epidemiologist		Health Planner	
Behavioral or Social Scientist		Community Representative	
Evaluation Researcher		Other	
Intervention Specialist			

5. CONFIDENTIAL*

Please check one box that indicates the risk category with which you identify. If you do not identify with any specific risk, please check the box ‘General Population’. HIV-positive individuals please use the risk category for your infection.

HIV RISK**			
MSM	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
MSM/IDU	<input type="checkbox"/>	Mother with or at risk for HIV infection	<input type="checkbox"/>
IDU	<input type="checkbox"/>	General Population	<input type="checkbox"/>

*HIV risk information is completely confidential and is used only for the success of the community planning process.

** Please see CDC defined risk categories below:

- MSM Men who have sex with men and are at risk through unsafe sex
- MSM/IDU Men who are at risk from both unsafe sex with other men and unsafe drug injection practices
- IDU Men and women who are at risk through unsafe drug injection practices
- Heterosexual Men and women who are at risk through unsafe heterosexual sex
- Mother with or at risk for HIV infection Women at risk for transmitting HIV during pregnancy, at birth, or during infancy
- General Population Men and women not part of a specific population at risk for HIV

Please check three of the following services in which you have an educational background, professional affiliation or personal experience.

Service	Personal	Educational	Professional
Gay/Bisexual Men’s HIV Prevention/Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender HIV Prevention/Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women’s HIV Prevention/Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent HIV Prevention/Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse/IDU HIV Prevention/Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-Medical Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care – Ambulatory/Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care – Drug Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Planning

Do you have prior experience in HIV/AIDS prevention/care planning? **yes** **no**

Do you have special skills specific to planning (*check all that apply*)?

- | | |
|-------------------------------------|-----------------------------|
| Communications/Interpersonal Skills | Goals and Objectives |
| Conflict Resolution/Mediation | Budget Development |
| Small Group Facilitation | Conducting Needs Assessment |
| Large Group Facilitation | Healthcare Research |
| Data Base Development | Statistical Analysis |
| Program Evaluation | Other_____ |

Committee/Task Group Selection

The following are committees/task groups of the Planning Council. Please indicate at least one committee/task group you would be interested in serving on if you become a Planning Council member or alternate.

- Planning and Allocations
- Policy
- Membership

Interest in the Planning Council

Please describe why you are interested in serving on the Northern Nevada HIV/AIDS/STD Planning Council.