

Virginia HIV Community Planning Group

Application for Membership

The HIV Community Planning Group works with the Virginia Department of Health to conduct planning, priority setting and other decision making processes for both HIV Prevention and Care services. Members are selected on the basis of a variety of factors including expertise/education, life experiences, geographic area and demographic characteristics that reflect the epidemic in Virginia. Individuals selected are expected to represent and identify as members of the populations and communities with which they are affiliated.

All information contained in this information is confidential. Applications are kept in a locked file and viewed only by community planning staff and the membership committee. Nominations are brought to the full group for consideration without name identifiers. This application form includes demographic questions of a personal nature. Responses to these questions are optional and no inferences will be drawn from any section left blank.

If you have any questions about this application, please call Elaine Martin at (804) 864-7962.

(Please print or type)

Contact Information

Name: _____ Date of Application: _____

Title: _____ Agency: _____

Address: _____

Phone: Work: (____) _____ Home: (____) _____ Cell: (____) _____

Which number would you like to use as your primary CPG contact number? Work Home

Fax: (____) _____ Email: _____

Demographics

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Race: (check all that apply)

- American Indian/Alaska Native
- Asian/Pacific Islander/Native Hawaiian
- Black/African American
- White
- Unknown

Birth Date: _____
month year

Age: _____

Sex: Female Male Transgender MTF Transgender FTM

Sexual Orientation: Bisexual Gay/Lesbian Heterosexual

Health Status:

- Living with HIV
- Partner of person with HIV
- Person with a disability: _____
- Person with hemophilia
- Family member or parent of person with HIV

Have you ever been:

- A sex worker
- An injection drug user (IDU)
- A non-IDU substance abuser
- A mental health consumer
- In jail or prison
- Homeless
- Living in poverty

Education:

- Did not finish high school
- High school diploma/GED
- College degree
- Ordained Clergy: _____
- Currently in school
- Attended some college
- Graduate degree: _____

Certifications/Licenses: _____

Representation:

- HIV Care Provider, Community Health Center/
Federal Qualified Health Center (FQHC)
- Faith community
- Non-Minority community-based organization
- Local health department
- Academic institution (care provider or other)
- Substance Abuse/Mental Health agency
- Other non-profit
- HIV Care Provider, Private
- Minority community-based organization
- State health department
- Other government agency: _____
- Research center (care provider or other)
- Individual
- Other: _____ (please specify)
- Business/Insurance

HIV Prevention and Care Involvement:

I am currently working or volunteering in the following areas:

- HIV Prevention
- Ryan White Part A
- Ryan White Part B
- Ryan White Part C
- Other Ryan White Program _____
- Other HIV Care Program _____

I have previously worked or volunteered in the following areas:

- HIV Prevention
- Ryan White Part A
- Ryan White Part B
- Ryan White Part C
- Other Ryan White Program _____
- Other HIV Care Program _____

Geographic Area:

Do you consider the area you live or work in to be:

Urban metropolitan area

Urban non-metropolitan area

Rural

An urban metropolitan area consists of central place with an adjacent urban fringe that together have a population of >100,000 and/or an overall population density of at least 1,000 per square mile. An urban non-metropolitan area is the presence of an urbanized area with a total population < 100,000. A rural area is the population and territory outside of any urbanized area with a population of 2,500 or less.

Expertise:

Please select the category that best describes your training, experience and education. Please put the number one (1) next to your primary expertise and a two (2) next to your secondary area of expertise.

___ Epidemiologist

___ Behavioral or Social Scientist

___ Evaluation Researcher

___ Intervention Specialist

___ Community Representative

___ Health Planner

___ Health Care Provider

___ Other _____

___ Living with HIV

___ Advocacy

___ Case Management

___ Previous CPG Member
(other states or returning)

Participation

The Virginia HIV Community Planning Group (CPG) can provide interpreter and other accommodations to persons serving in the Group. Please list any special needs or services we could provide to facilitate your participation in the Group:

The CPG meets six to eight times per year on alternating Thursdays and Fridays in Richmond. Transportation and meals are reimbursed. Lodging is provided for those residing more than 25 miles from Richmond. Regular attendance is expected. Can you commit to this meeting schedule and make arrangements to be away from work or home? _____

Members are expected to make decisions based upon scientific evidence and their own expertise. Decisions should not be made to benefit a particular agency. CPG members may not be Executive Directors of any organization that receives or applies for HIV prevention funding from the Virginia Department of Health. In order to prevent conflict of interest, please list your affiliations with HIV related organizations.

Agency

Affiliation

Involvement in HIV Work

Serving on the CPG demands a great deal of time and energy from its members. Please describe your involvement and commitment to HIV prevention and what you would bring to enrich the group process. Please identify any membership and role on any HIV-related committees, council or consortia (you may attach additional pages and/or a resume if desired)

What is your interest in serving in this Group?

References

Did a current or past CPG member (within the last three years) refer you to this Group?

If yes, please list their name _____

How did you hear about CPG? _____

Please list two or three people who can support your nomination to the Group. Please do not list more than one individual within the same organization.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant

**Please return the application to:
Elaine Martin
Virginia Department of Health
Division of Disease Prevention
P.O. Box 2448, Room 326
Richmond, VA 23218
FAX (804) 864-7983**

***The application process is open at all times. Upon receipt of your application, VDH will send a letter acknowledging its submission. Your application will be kept in the nomination file and considered each time new members are selected (generally once or twice each year).**