

Please Print Full Name

Georgia HIV Prevention Community Planning Group (GCPG)

Membership Application Confidentiality Procedure

HIV Prevention Community Planning is a process that brings community stakeholders together with Georgia's Public Health, HIV Prevention Program to plan HIV prevention initiatives on behalf of communities at risk for HIV/AIDS. The GCPG collaborates with Georgia's HIV Prevention Program by assisting in activities and participating in dialogue that is utilized to develop the State of Georgia, Jurisdictional HIV Prevention Plan. The Jurisdictional HIV prevention Plan is based on science driven research and data and the shared input of community members affected and infected by the HIV/AIDS epidemic.

In accordance with the Center for Disease Control, Community Planning Group Announcement number PS12-1201, GCPG membership shall include: (a) members who represent populations most at risk for HIV infection as reflected in the current and projected epidemic, as documented in the prior year's epidemiologic profile, and (b) persons living with HIV/AIDS. GCPG membership includes members who represent the affected community in terms of race/ethnicity, gender/ gender identity, sexual orientation, and geographic distribution.

Confidential information is requested to assist in creating a diverse and representative Community Planning Group reflective of the epidemic. Your information will not be shared with individual members of the council and will be utilized for demographic and membership selection purposes only.

All applications will be kept in a secured area at the State Office located at 2 Peachtree Street and access will only be given to the Community Planning Coordinator. The State Department Co-Chair, and/or HIV Director will only be given access to applicant records in the absence of the Community Planning Group Coordinator.

In the event of an open record request, the Division of Public Health Legal Services Office will be contacted to review the request and advise on the appropriate actions. All information pertaining to HIV status will be obscured on records the State Office may be required to make available as part of an open records request.

All information obtained on the Community Planning Group Membership Application should be freely provided by the applicant with the understanding that the information is requested to assist in creating a diverse community planning group and is included as part of the application process for this purpose ONLY. Personal information is provided with the knowledge of the above stated confidentiality procedures and an understanding that the Department makes every effort to protect the confidentiality of applicants and GCPG Members.

Please Print Full Name

Georgia HIV Prevention Community Planning Group (GCPG)

Membership Selection Process Overview

Georgia Community Planning Group Members participate in the HIV prevention community planning process by:

- 1) representing and acting as a "voice" for specific populations at risk for HIV infection and
- 2) sharing their knowledge about the populations to help GCPG and the State Health Department understand their unique perspectives and prevention needs; prioritize and plan prevention activities accordingly; and improve the overall effectiveness of local HIV prevention efforts in response to local HIV prevention needs
- 3) sharing their personal/professional training and experience to enhance the community planning process
- 4) advocating on behalf of the GCPG-- its Mission, Goals, and Objectives

Members must be willing and able to make a commitment to the planning process and participate in all decision-making and problem solving activities. Georgia Community Planning Membership affords community members a unique opportunity to actively participate in and on sub-Committees; Prevention Planning Workgroups and meetings held throughout the state each year.

Member selection and notification take place October thru December of each recruitment year.

*If selected to serve on GCPG, member's applications are kept on file for 6 years.

**Non-selected applicants must submit a new application for each year they wish to be considered for membership.

***Confidential information of individual applicants and/or members is NOT shared with GCPG Members. The selection process includes scoring of *numbered applications* void of applicant's name and/or any other identifying information. In accordance with the confidentiality procedures previously discussed, applicant name and information is known only by the GCPG Coordinator.

Georgia HIV Prevention Community Planning Group (GCPG)

Membership Participation Overview

Georgia Community Planning Group Members participate in the HIV prevention community planning process by:

- representing and acting as a "voice" for specific populations at risk for HIV infection and
- sharing their knowledge to help GCPG and the State Health Department better understand prevention needs; prioritize and plan prevention activities accordingly; and improve the overall effectiveness of local HIV prevention efforts
- sharing their personal/professional training and experience to strengthen the community planning process
- advocating on behalf of the GCPG-- its Mission, Goals, and Objectives

Applicants may serve as personal or professional representatives of a particular population(s):

- Applying under the Personal Representation Category indicates that you will provide insight on the prevention needs of a particular population because you closely identify or are a member of that population
- Applying under the Professional Representation Category indicates that you will provide insight on the prevention needs of population(s) you serve.

ALL members must be **willing** and **able** to make a commitment to the planning process---including participation in all decision-making and problem solving activities.

Georgia Community Planning Membership affords community members a unique opportunity to actively participate in and on sub-Committees; Prevention Planning Workgroups and meetings held throughout the state each year. GCPG meets four (4) times per year, with at least one (1) of these meetings held over the course of (2) two days. To help facilitate participation of community members statewide, GCPG meetings are held in at least (3) different cities throughout the state. At minimum, GCPG Members are expected to participate in the following activities:

- Attend 1 Day New Member Orientation
- Attend (4) Quarterly Meetings
 - Members are reimbursed for travel and meal expenses and lodging is provided at no cost to Members traveling at least 50 miles (one-way)
- Monthly Committee Conference Calls (No Cost to Members)

Completed applications should be returned by postal mail or fax to:

Georgia Community Planning Group
Attention: GCPG Coordinator
2 Peachtree Street, NW
12th Floor
Atlanta, Georgia 30303

Please Print Full Name

ALL INFORMATION PROVIDED ON THIS FORM WILL BE KEPT CONFIDENTIAL

The following information will be treated as confidential and will not be scored including the applicant's name. Although individuals are not required to self-identify in these categories, the demographics provided will allow the GCPG Membership Committee to "score" applications based on CPG Membership needs as it pertains maintaining a Planning Body reflective of Georgia's HIV/AIDS epidemic.

Georgia Community Planning Group Application

Please tell us if you are applying to personally represent a population or to represent a population(s) you serve.
Application Category: **(Please Check One)**

- Personal** (I belong to the population for which I am providing information)
- Professional** (I provide services to members of the population for which I am providing information)

Last Name

First Name

Initial

Address APT/Suite

City Zip

Phone Number Alternate Phone Number

Email Address Date

Check All That Apply

- I have health communications/social marketing experience/training.
- I have professional alcohol/drug service experience/training.
- I have professional HIV/AIDS treatment and care experience.
- I have professional criminal justice system experience.
- I have professional experience conducting evidence-based interventions.

I have served on Georgia's Community Planning Group. Year Date of Birth

Please Print Full Name

Demographics

Instructions:

If this is a **Personal Application**, please provide information about YOU.

If this is a **Professional Application**, please provide information about the population(s) you serve.

Gender

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)

Age

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- < 13
- 13-18
- 19-24
- 25-34
- 35-44
- 45+

RACE

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Black/ African-American
- Asian
- European- American/White
- Native Hawaiian/ Pacific Islander
- Native American/ Alaska Native
- More than one race

Ethnicity

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Hispanic or Latino
- Non-Hispanic/Latino

HIV Risk Category

HIV Status

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Person with HIV/AIDS
- Negative
- Unknown

Other HIV Risk

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Men who have sex with men (MSM)
- Injecting Drug User (IDU)
- Heterosexual
- Born HIV+ (Perinatal)

Primary HIV Risk

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Men who have sex with men (MSM)
- Injecting Drug User (IDU)
- Heterosexual
- Born HIV+ (Perinatal)

Please Print Full Name

Experience & Training

Highest Education Completed

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Eighth grade or less
- Some High School
- High School Graduate/ GED
- Technical School / Some College
- College Graduate
- Post Graduate
- Professional Degree

Specialized Experience

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Mental Health
- Substance Abuse
- Homelessness
- Ex-Offender
- Corrections/Criminal Justice
- Youth or Youth Services

Employed

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- NO
- YES

If yes, where:

Additional Area(s) of Experience/Training

(Personal Applicants Select One)

(Professional Applicants Select All That Apply)

- Community Organization
- Person living with HIV/AIDS
- Prevention Service Provider
- Behavioral or Social Science
- Program Evaluation
- Health Research
- Health/Risk Reduction Education
- Epidemiology
- Faith Community

Other:

If Licensed,
please specify
area:

Please Print Full Name

I want to serve on Planning the Georgia HIV Prevention Community Planning Group (GCPG) because: