



**WORKING TOGETHER: Caring for Today & Prevention for Tomorrow!** 

## **APPLICATION FOR MEMBERSHIP 2018**

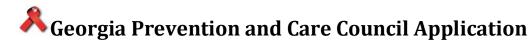
Please tell us if you are applying to as a new member or if you are applying as a current member. (Please Check One)

O NEW MEMBER (I be	elong to the population for w	hich I am prov	iding information)
C CURRENT MEMBER	र		
O MEMBER AT LARG	E		
SECTION 1: CONT	TACT INFORMATIO	N	
		Γ INFORMAT	ION WILL BE SHARED WITH
CURRENT PLANNING C	OUNCIL MEMBERS.		
Name:			
Mailing Address:			
City:		State:	Zip:
County:			
Telephone: (home)	(office)		(cell)
E-mail:			
Agency of Employment:			

Many communications about meeting notices and document review are sent via email. Do you check email at least twice per week?

П	١ ١	/65

☐ No



## **SECTION 2: CATEGORIES OF REPRESENTATION**

The Council is required to have participants from all sectors of the epidemic. These questions help us determine whether or not we are meeting our membership goals. Please check all that apply.

er:	Age:		Race	(CHECK ALL THAT APPLY):
Male		under 18		Black/African American
Female		18 - 24		Asian/Pacific Islander
Transgender		25 or older		Caucasian
				Hispanic/Latino
				Native American/Alaskan
				Black/African Born
				Other, please describe:
			_	city: Hispanic/Latino
tatus				april 1
	Female	Male	Male under 18 Female 18 - 24 Transgender 25 or older	Male



SPECIALIZED EXPERIENCE	PROVIDER OF SERVICES (Check all that apply to you.)	CONSUMER OF SERVICES (Check all that apply to you.)
Health-care provider, including Federally Qualified Health Centers		
Federally Qualified Health Centers/ Hospitals		
Community-based organization serving affected populations/AIDS Service Organizations (ASOs)		
Social service organizations		
HOPWA		
Mental health services		
Substance-abuse services		
Rural		
Local public health agency		
Hospital planning		
Affected community member (either HIV community or underserved population community)		
State Medicaid Program		
Veteran Affairs		
Ryan White Part A Program		
Ryan White Part B Program		
Ryan White Part C Program		
Ryan White Part D Program		
Social Marketing		
TB, Viral Hepatitis, or STD Services		
Prevention Service Provider		
MSM		
Perinatal –FIMR		
Health Risk/Risk Reduction Education		
Epidemiology		
Faith Community		
Program Evaluation		
Organizations addressing the needs of children, youth, and families with HIV.		
Other Federal HIV Program, including HIV prevention programs		
Department of Corrections, Ex offender, Persons who advocate for Prisoners		
Community Leader		
Emerging Populations (Seniors, African immigrants, transgendered, homeless, IDU		



AGENCY REPRESENTATION	DO YOU REPRESENT ANY AGENCY (Check all that apply to you.)
Health-care provider, including Federally Qualified Health Centers	
Federally Qualified Health Centers/ Hospitals	
Community-based organization serving affected populations/AIDS Service Organizations (ASOs)	
Social service organizations	
HOPWA	
Mental health services	
Substance-abuse services	
Rural	
Local public health agency	
Hospital planning	
Affected community member (either HIV community or underserved population community)	
State Medicaid Program	
Veteran Affairs	
Ryan White Part A Program	
Ryan White Part B Program	
Ryan White Part C Program	
Ryan White Part D Program	
Social Marketing	
TB, Viral Hepatitis, or STD Services	
Prevention Service Provider	
MSM	
Perinatal –FIMR	
Health Risk/Risk Reduction Education	
Epidemiology	
Faith Community	
Other Federal HIV Program, including HIV prevention programs	
Department of Corrections, Ex offender, Persons who advocate for Prisoners	
Community Leader	
Emerging Populations	



## **SECTION 3: SPECIAL INTEREST & SKILLS**

What special **skills** can you bring to the Planning Council? Mark as many as apply:

Leadership	Program evaluation
Program planning	Group process
Budgeting/Financial management	Needs assessment
Research or technical training in HIV/AIDS	Quality management
HIV medical care	Other, please describe:
Grant writing	
Community organizing	

wnich co	ommittees do you think you might have an interest in joining?
	Care Continuum Committee (Prevention & Care)
	Stakeholder Engagement Committee
	Comprehensive Plan Committee
Have you	u attended Planning Council or Planning Council committee meetings in the past?
☐ No	
Yes	If yes, please describe your involvement:

## Reorgia Prevention and Care Council Application

ant to serve	on Georgia Pı ———	revention and	Care Council		
		and past expe			



Ηον	w did you hear about us?
000	Georgia Department of Public Health Local Health Department CBO/ASO Ryan White Care Consortia Georgia HIV Prevention Community Planning Group Other:

NOTE: APPLICATIONS ARE NOT COMPLETE UNTIL YOU HAVE SIGNED THIS APPLICATION

Date

Signature of Applicant

Please call 404-651-7655 with questions. THANK YOU FOR YOUR INTEREST IN GEORGIA PREVENTION AND CARE COUNCIL.



ARE YOU INTERESTED IN JOINING THE HIV PREVENTION PROGRAM REVIEW PANEL? IF SO, PLEASE SIMPLY ANSWER THE QUESTIONS BELOW. (YES OR NO)

- 1. DO YOU HAVE KNOWLEDGE IN HIV/AIDS
- 2. DO YOU HAVE EXPERTISE WITH CULTURAL SENSITIVITY AND LANGUAGE INTENDED FOR HIV PRIORITY POPULATIONS?
- 3. ARE YOU A STATE OR LOCAL HEALTH DEPARTMENT EMPLOYEE?
- 4. DO YOUHAVE EXPERIENCE WORKING IN ACADEMIA AND/ OR SCHOOL BASED POPULATIONS?

IF SELECTED, YOU WILL BE CONTACTED BY: CICELY RICHARD.