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)**

- ○ **NEW MEMBER** (I belong to the population for which I am providing information)
- ○ **CURRENT MEMBER**
- ○ **MEMBER AT LARGE**

SECTION 1: CONTACT INFORMATION

IF SELECTED FOR MEMBERSHIP, THIS CONTACT INFORMATION WILL BE SHARED WITH CURRENT PLANNING COUNCIL 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?

- ❒ Yes
- ❒ 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.

Gender:
- ❒ Male
- ❒ Female
- ❒ Transgender

Age:
- ❒ under 18
- ❒ 18 - 24
- ❒ 25 or older

Race (CHECK ALL THAT APPLY):
- ❒ Black/African American
- ❒ Asian/Pacific Islander
- ❒ Caucasian
- ❒ Hispanic/Latino
- ❒ Native American/Alaskan
- ❒ Black/African Born
- ❒ Other, please describe:

_____

Ethnicity:
- ❒ Hispanic/Latino

HIV Status
- ❒ HIV POSITIVE.
- ❒ HIV NEGATIVE
- ❒ Decline to share this information.

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		

Which committees do you think you might have an interest in joining?

- ❒ Care Continuum Committee (Prevention & Care)
- ❒ Stakeholder Engagement Committee
- ❒ Comprehensive Plan Committee

Have you attended Planning Council or Planning Council committee meetings in the past?

❒ No

❒ Yes If yes, please describe your involvement: _____

I want to serve on Georgia Prevention and Care Council because:

How would your background and past experience be useful in planning for a system of prevention and/or care for those at risk of HIV infection and for people living with HIV/AIDS?

How did you hear about us?

- ○ Georgia Department of Public Health
- ○ Local Health Department
- ○ CBO/ASO
- ○ Ryan White Care Consortia
- ○ Georgia HIV Prevention Community Planning Group
- ○ Other: [ ]

Signature of Applicant Date

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

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.