

**MEMBERSHIP APPLICATION
PHILADELPHIA HIV PREVENTION PLANNING GROUP (HPG)
CITY OF PHILADELPHIA**

INSTRUCTIONS

Applications are accepted on a rolling basis throughout the year.

The City of Philadelphia will appoint new members annually for terms of one or two years beginning each July 1.

Membership on the HIV Prevention Planning Group is a volunteer position with the City of Philadelphia.

Membership entails a time commitment of between four (4) and eight (8) hours per month. By completing and submitting this application, Applicants attest to the availability of this amount of time, per month, and acknowledge their understanding of this responsibility.

The HIV Prevention Planning Group's membership collectively represents Philadelphia's diverse communities affected by HIV disease. Applicants are asked to provide personal demographic information and past experience in order to achieve the Group's mandates for inclusion, representation, and parity.

In addition to the information collected below, Applicants should also include the following:

(1) A brief resumé or biographical summary, and

(2) A personal written statement describing the Applicant's primary reasons for seeking membership on the HIV Planning Group and other pertinent information, including any time constraints or preferred term lengths.

PERSONAL INFORMATION

Full name:

Home address:

City:

State:

ZIP code:

Primary phone:

Secondary phone:

Email:

Employer:

City:

State:

EMERGENCY CONTACT INFORMATION

Name of person to contact in case of an emergency:

Relationship to applicant:

Primary phone:

Secondary phone:

Email:

DEMOGRAPHIC INFORMATION

Age range:

- < age 13
- 14-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- > 60 years
- Prefer not to disclose

Gender:

- Male
- Female
- Transgender (female to male)
- Transgender (male to female)
- Prefer not to disclose
- Other (please specify):

Risk category (check all that apply, if applicable):

- MSM (man who has sex with men)
- IDU (injection drug user)/Needle sharing
- Heterosexual
- More than one risk
- Prefer not to disclose

Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- More than one race
- Prefer not to disclose

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- Prefer not to disclose

Educational attainment:

- Less than high school
- Some high school
- High school/GED
- Some college
- Other post-secondary
- Undergraduate degree
- Graduate degree
- Prefer not to disclosure

| Affiliations, Expertise, and Representation | | |
|--|--|--|
| Please fill in each column below by check-marking all that apply and indicate your affiliations below. | | |
| <p><u>Your affiliations:</u></p> <p><input type="checkbox"/> Academic institution</p> <p><input type="checkbox"/> Community-based organization providing HIV prevention services</p> <p><input type="checkbox"/> Community-based organization <u>not</u> providing HIV prevention services</p> <p><input type="checkbox"/> Faith-based organization</p> <p><input type="checkbox"/> Public health department</p> <p><input type="checkbox"/> Research organization</p> <p><input type="checkbox"/> Other (please specify; i.e. substance abuse, mental health, corrections, homeless, philanthropy): _____</p> <p><input type="checkbox"/> None</p> | <p><u>Your expertise:</u></p> <p><input type="checkbox"/> Behavioral/social sciences</p> <p><input type="checkbox"/> Caretaker of person living with HIV/AIDS</p> <p><input type="checkbox"/> Education or training</p> <p><input type="checkbox"/> Epidemiology</p> <p><input type="checkbox"/> Health planning</p> <p><input type="checkbox"/> HIV/health services delivery</p> <p><input type="checkbox"/> Homeless services</p> <p><input type="checkbox"/> Person living with HIV/AIDS</p> <p><input type="checkbox"/> Mental health care</p> <p><input type="checkbox"/> Program evaluation</p> <p><input type="checkbox"/> Other (please list): _____</p> <p><input type="checkbox"/> None</p> | <p><u>Your community representation:</u></p> <p><input type="checkbox"/> Adolescents and youth</p> <p><input type="checkbox"/> General population</p> <p><input type="checkbox"/> Heterosexuals</p> <p><input type="checkbox"/> Injection drug users (IDU)</p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> MSM injection drug users</p> <p><input type="checkbox"/> Sex work</p> <p><input type="checkbox"/> Mother with or at risk for HIV infection</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> People living with HIV/AIDS</p> <p><input type="checkbox"/> Community member</p> <p><input type="checkbox"/> Other (please list): _____</p> <p><input type="checkbox"/> None</p> |
| <p>From above choices, indicate your primary affiliation: _____</p> <p>Indicate a secondary affiliation: _____</p> | <p>From above choices, indicate your primary area of expertise: _____</p> <p>Indicate a secondary expertise: _____</p> | <p>From above choices, indicate your primary representation: _____</p> <p>Indicate a secondary representation: _____</p> |
| AUTHORIZATION | | |
| <p><input type="checkbox"/> I authorize the verification of the information provided on this form.</p> <p><input type="checkbox"/> I have retained a copy of this application.</p> | | |
| <p>Print your name here: _____</p> | | |
| <p>Signature: _____</p> | <p>Date: _____</p> | |

Submit your application including this form, brief biographical summary, and personal statement to:
Philadelphia Office of HIV Planning
Attention: HPG Applications
340 North 12th Street, Suite 203
Philadelphia, PA 19107

Tel: 215-574-6760 • Fax: 215-574-6761 • Email: HPG@hivphilly.org • Online: www.hivphilly.org