

**NOMINATION FORM**  
**Pennsylvania Department of Health**  
**PENNSYLVANIA HIV PREVENTION COMMUNITY PLANNING COMMITTEE**

Please use this form to submit a nomination for membership on the state HIV Prevention Community Planning Committee. This form must be completed and signed by the person nominated. If you reside in Philadelphia, you may wish to inquire about the committee hosted by the Philadelphia Department of Public Health.

All information on this form will be used only for selecting a balanced group membership and will be held strictly confidential.

**NOMINATIONS ARE DUE:      NOVEMBER 1, 2006**

PLEASE PRINT OR TYPE

NAME OF NOMINEE \_\_\_\_\_  
 YEAR OF BIRTH \_\_\_\_\_

ADDRESS (Home) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDRESS (Work, if applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

The Committee wants to include individuals from many sectors of the community who represent a wide variety of expertise, interests and backgrounds. Please indicate which of the following applies to the nominee (check as many as apply). All information that is provided in this section is completely confidential.

<input type="checkbox"/> Male	<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Gay
<input type="checkbox"/> Female	<input type="checkbox"/> African-American	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Transgender	<input type="checkbox"/> Latino/Latina	<input type="checkbox"/> Bi-sexual
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Heterosexual
	<input type="checkbox"/> White	

Employment/Experience (check all that apply)

<input type="checkbox"/> Evaluation	<input type="checkbox"/> Epidemiology
<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Prevention Interventions

**Priority Population Representation**

To ensure that Pennsylvania's community planning supports broad-based community participation in HIV prevention planning, community planning group members must represent the perspectives (through personal life experiences, work responsibilities, or other affiliations) of populations living with HIV/AIDS and populations at high risk for HIV. Pennsylvania's HIV Prevention Community Planning Committee has identified the following Priority Target Populations:

- Person Living with HIV/AIDS
- Men who have sex with men and are at high risk through unsafe sex (MSM)
- Men who are at risk from both unsafe sex with other men and unsafe drug injection practices (MSM/IDU)
- Men and women who are at risk through unsafe injection drug practices (IDU)
- Men and women who are at risk through unsafe heterosexual sex with an infected partner (Heterosexual)
- Mother with/at risk for HIV transmission (Perinatal Transmission)
- Men and women in Emerging Risk Groups: Minority Populations, Young People, Homeless, Incarcerated, and Transgender

**Check all the populations that apply to you.**

Community HIV Prevention Plan Target Populations	You identify as a member of this population or feel you can <i>represent</i> this population.	Explain why you can <i>represent</i> this population.
Person Living with HIV/AIDS		
MSM		
IDU		
MSM/IDU		
Heterosexual		
Perinatal Transmission		
Emerging Risk Groups		

**All information on this form will be held strictly confidential.**

Nominated by: Self \_\_\_\_\_

Other: (name) \_\_\_\_\_

Three community references that would know something of your community work and involvement:

Name: \_\_\_\_\_  
Relationship (friend, employer, etc.) \_\_\_\_\_

Telephone/email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship (friend, employer, etc.) \_\_\_\_\_

Telephone/email \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship (friend, employer, etc.) \_\_\_\_\_

Telephone/email \_\_\_\_\_

I understand that I am being nominated for membership on the PA HIV Prevention Community Planning Committee. **I am willing and able to commit approximately one or two days per month for a three year period to participate in the Committee and Sub-Committee meetings** (NOTE: travel costs for all meetings will be reimbursed).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL OR FAX (717-772-4309) APPLICATION TO:**

Kenneth McGarvey  
Pennsylvania Department of Health  
Division of HIV/AIDS  
P.O. Box 90  
Room 1010 Health and Welfare Building  
Harrisburg, Pennsylvania 17108  
Fax: (717) 772-4309

**Please provide a one or two paragraph statement written by the nominee, which describes why the nominee wishes to be a member of the PA HIV Prevention Community Planning Committee. Include relevant experience and strengths.**