HIV Planning Group (HPG) Membership Application

Application Instructions/Information
• Applications are accepted on a rolling basis throughout the year. • The HPG will appoint new members annually for a three-year term, beginning on January 1st (or as needed). • The HPG represents a diverse community of individuals throughout the Commonwealth of Pennsylvania who have been affected by HIV/AIDS. Applicants are asked to provide personal, experiential, and demographic information to help the HPG best reflect communities impacted by the epidemic and achieve the Group's vision, mission, and values.

Applicant Information		
Full Name:		
Home Address:		
City:	State:	Zip Code:
Primary Phone:		Secondary Phone:
E-mail:		
Employer:		
Work Address:		
City:	State:	Zip Code:
Emergency Contact Information		
Name of Person to Contact:		
Relationship to Applicant:		
Primary Phone:		Secondary Phone:
E-mail:		
Area Representation		

The geographic location best describing where you live (choose one):

- ☐ I live in a rural area or rural community (population roughly less than 2,500)
- ☐ I live in a small or mid-size city. (population less than 100,000). Examples include Harrisburg, Johnstown, Scranton, Lancaster, etc.
- ☐ I live in a suburban area - a residential area around or just outside a larger city.
- ☐ I live in the city of Erie, Pittsburgh, Philadelphia, or Reading.

My county: ____________________

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Group Participation
Do you currently participate, or have you participated in, any other community advisory groups? ☐ Yes ☐ No If yes, what group/s? ____

Demographic Information		
Age: ☐ <13 ☐ 14-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+	Current Gender: ☐ Male ☐ Female ☐ Femme-to-Masc (FTM)/Transgender Male/Trans Man ☐ Masc-to-Femme (MTF)/Transgender Female/Trans Woman ☐ Genderqueer, neither exclusively male nor female ☐ Other (please specify): _______________ ☐ Decline to answer	What sex were you assigned at birth on your original birth certificate? ☐ Male ☐ Female ☐ Decline to answer
Sexual Orientation: ☐ Lesbian, gay or homosexual ☐ Straight or heterosexual ☐ Bisexual or pansexual ☐ Something else (please specify): _______________ ☐ Don't know ☐ Prefer not to disclose	Ethnicity (choose one): ☐ Hispanic or Latinx ☐ Not Hispanic or Latino ☐ Unknown ☐ Prefer not to disclose	Race (choose one): ☐ African American or Black ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ More than one Race ☐ Other (please specify): _______________ ☐ Prefer not to disclose

Community Representation and Work Affiliation (check all that apply):	
Community Representation (groups with whom you identify): ☐ PLWH (persons living with HIV) ☐ Men who have sex with men (MSM) ☐ Individuals who identify as transgender ☐ Persons who inject drugs (PWID) ☐ Persons of color ☐ Individuals at risk through unsafe sex ☐ People experiencing or who have experienced homelessness ☐ People experiencing or who have experienced incarceration ☐ Persons with disabilities (aging-related, mental, communicative, physical, etc.) living with or at risk for HIV ☐ Other communities (specify): ______________________	**Work Affiliation:** ☐ RW Part B Service Provider ☐ RW Part B sub-recipient ☐ RW Part C ☐ Other HIV Medical Provider or Community Group ☐ RW Part D ☐ HIV Testing/Prevention ☐ County/Municipal Health Department ☐ Other (specify): _______________

You will now be asked to select a primary and secondary representation from your selected community representations/work affiliations. Primary and secondary representations are the two groups that you will represent at the HPG.

From the above Community Representation and Work Affiliation choices, indicate the ONE Community Representation **or** Work Affiliation that you identify with **most** (primary representation):

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From the above Community Representation and Work Affiliation choices, indicate the **second-best** Community Representation **or** Work Affiliation that you identify with (secondary representation):

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Describe how the HIV epidemic has personally affected you (use additional paper if necessary)
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What motivated you to apply to become a member of the HIV Planning Group? (use additional paper if necessary)
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Please note that all demographic information and community representation will be kept confidential and will only be used to ensure that the HPG is choosing members that will fulfill the organization's vision, mission and values. You may be asked to provide one or two references that are knowledgeable regarding your affiliations, expertise, and/or community representation.

By signing below, I indicate my willingness and interest in becoming a member of the HPG and that the information included in this application has been provided to the best of my knowledge. I authorize verification of the information provided on this form as it pertains to my affiliations and expertise.

Name: ____________________________________ Date: ________________

Signature:____