

HIV Planning Group (HPG) Membership Application

Application Instructions/Information
<ul style="list-style-type: none"> • 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		
<p>The geographic location best describing where you live (choose one):</p> <p><input type="checkbox"/> I live in a rural area or rural community (population roughly less than 2,500)</p> <p><input type="checkbox"/> I live in a small or mid-size city. (population less than 100,000). Examples include Harrisburg, Johnstown, Scranton, Lancaster, etc.</p> <p><input type="checkbox"/> I live in a suburban area - a residential area around or just outside a larger city.</p> <p><input type="checkbox"/> I live in the city of Erie, Pittsburgh, Philadelphia, or Reading.</p> <p>My county: _____</p>		

Group Participation		
Do you currently participate, or have you participated in, any other community advisory groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what group/s? _____		
Demographic Information		
Age: <input type="checkbox"/> <13 <input type="checkbox"/> 14-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+	Current Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Femme-to-Masc (FTM)/Transgender Male/Trans Man <input type="checkbox"/> Masc-to-Femme (MTF)/Transgender Female/Trans Woman <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Decline to answer	What sex were you assigned at birth on your original birth certificate? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to answer
Sexual Orientation: <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual or pansexual <input type="checkbox"/> Something else (please specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to disclose	Ethnicity (choose one): <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to disclose	Race (choose one): <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one Race <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Prefer not to disclose

Representation and Affiliation (check all that apply):

Do you represent any of the following groups? (Check all that apply):

- PLWH (persons living with HIV)
- RW Part B service provider
- RW Part C
- RW Part D
- HIV testing/prevention providers
- RW Part B sub-recipient/ HIV community groups
- County/Municipal Health Department
- None of these apply to me

What other groups do you represent? (Check all that apply):

- Other HIV Medical Provider or Community Group
- 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): _____
- Prefer not to answer/I don't represent any community groups

***REQUIRED: Describe how the HIV epidemic has personally affected you.
(use additional paper if necessary)**
