

DAYTON AIDS PREVENTION COMMITTEE

APPLICATION FOR MEMBERSHIP

NOTE: I would like to begin or continue (Please circle one) my participation on the Dayton/Montgomery County AIDS Prevention Committee (APC)

This application is for membership on the DAYTON AIDS PREVENTION COMMITTEE and will be retained by the Local Planning Group. You must complete this application to become a member and return to:

**AIDS Coordinator
AIDS Prevention Committee (APC)
201 Riverside Drive, Suite 1C
Dayton, Ohio 45405
(937) 496-7133**

All information will be used only for the purposes of selecting a balanced group membership, and will otherwise be held confidential.

Please Type or Print

1. PERSONAL INFORMATION:

Name: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

County of Residence: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____ Fax: _____

What languages other than English are you fluent in? _____

2. SUB-COMMITTEE INTEREST:

Please specify on which Sub-committee you would like to participate or for which you are most qualified. If you are interested in membership in more than one group, please rank your preference with one (1) being your first choice.

____ ADVERTISING AND SPECIAL EVENTS COMMITTEE- Will be responsible for promoting the following community events through various mediums: National Black HIV/AIDS Awareness Day, AIDS Awareness Week, National Latino AIDS Awareness Day, National HIV/AIDS Testing Day June 27th and World AIDS Day.

____ INTERNAL EDUCATION AND ORIENTATION- Will be responsible for orienting new members and coordinate at least one (1) capacity building activity per year.

____ THE MEMBERSHIP RECRUITMENT AND RETENTION COMMITTEE- Will recruit new members that best reflect the populations affected and infected by HIV. They will also be charged with monitoring the diversity of the membership, exploring various community planning groups models that have been successful in retaining members, and following-up with written notice to absentee members.

Please explain your interest in serving on the task group selected above and any personal or professional qualifications you may bring to this task group.

3. STATEMENT OF BELIEF:

I understand that the AIDS Prevention Committee is a volunteer effort dedicated to alleviating HIV/ AIDS in all groups affected by HIV. I will not let any personal beliefs or individual judgments hinder or persuade me from making any biased decisions on issues pertinent to the success of the AIDS Prevention Committee. I affirm that all preceding information is true and accurate to the best of my knowledge.

Signature _____ Date _____

Are you a resident of the group's geographic region?

_____ Yes _____ No If yes, for how long _____

Age Group

_____ (<13)

_____ 13-24

_____ 25-39

_____ 40+

4. EMPLOYMENT QUESTIONS: PLEASE CHECK ALL THAT APPLY:

a.) _____ I am not employed.

b.) _____ I am coming to the Planning Group as an interested individual and I will not represent an agency.

c.) Are you employed by one of the agencies listed below?

- | | |
|-----------------------------------|--------------|
| _____ Local Governmental Agency | which: _____ |
| _____ State Governmental Agency | which: _____ |
| _____ Federal Governmental Agency | which: _____ |
| _____ Nongovernmental Agency | which: _____ |

Business Address (If applicable):

_____ City _____ Zip _____

5. WHAT IS YOUR AREA OF EXPERTISE? PLEASE CHECK ALL THAT APPLY:

- | | |
|-------------------------------------|--|
| _____ Violence Reduction | _____ Women Specific |
| _____ Health Care Provider | _____ Religious |
| _____ Minority Focused | _____ Epidemiology |
| _____ Hospital | _____ HIV/AIDS Focused |
| _____ Gay/Lesbian/Bisexual Specific | _____ Children Specific |
| _____ Substance Abuse Agency | _____ Health Planning |
| _____ Mental Health/Crisis | _____ Law Enforcement |
| _____ HIV/PLWA Support Program | _____ Evaluation Research |
| _____ Educational | _____ STD (Sexually Transmitted Disease) |
| _____ Corrections | _____ CTS (Counseling & Testing Site) |
| _____ TB (Tuberculoses) | _____ Other Explain |

6. ADDITIONAL DEMOGRAPHICS:

The following information is crucial to the makeup of each planning group. The planning group must include representatives who reflect the population characteristics of the current and projected HIV/AIDS epidemic in the jurisdiction. Planning group composition must reflect the population in terms of AIDS cases, HIV data, age, gender, race/ethnicity, socioeconomic status, geographic distribution, sexual orientation and HIV exposure category.

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1. Please check each which applies to you:

Gender

- Male
- Female
- Transgender

- Racial/Ethnic Description
- White/non-Hispanic
- African American/Black
- Latino (a)/Hispanic
- Native American
- Asian/Pacific Islander
- Other (Please specify) _____

2. Are you a member of the following groups? Please check all that apply:

- Recovering substance user
- Current substance abuser
- Persons Living with HIV/AIDS
- Gay men
- Lesbian
- Men who have sex with other men
- Men who have sex with other men and women
- Men who have sex with men and are substance abusers
- Bisexual
- Heterosexual
- Blood Products (Hemophiliac)
- Other

3. Socioeconomic Status: (optional)

a. Please check your annual household income:

- Under \$10,000
- \$10,000 - \$19,000
- \$20,000 - \$29,000
- \$30,000 - \$49,000
- over \$50,000

b. Please check your highest level of educational attainment

- Elementary School
- High School
- Graduate School
- Technical School
- College