CALIFORNIA PLANNING GROUP (CPG)

Membership Application - Calendar Year 2013

Name: _____ County of Residence: _____

Preferred Telephone Number: _____ Alternate Telephone Number: _____

E-mail Address: _____

Mailing Address: _____

City and ZIP Code: _____

The following information about yourself is kept strictly CONFIDENTIAL.

Demographic Information: Providing this information will help ensure that CPG is reflective of the HIV epidemic in California, as mandated by the Centers for Disease Control and Prevention (CDC).

1.) AGE GROUP

- ☐ 12 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45+

2.) GENDER/SEX

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Other, Please Specify: _____

3.) HIV STATUS*

- ☐ HIV Negative
- ☐ HIV Positive
- ☐ Unknown
- ☐ Decline to State

4.) SEXUAL ORIENTATION

- ☐ Bisexual
- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Other, Please Specify: _____

5.) RACE/ETHNICITY *(Check All That Apply)*

- ☐ American Indian/Alaskan Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Hispanic
- ☐ White, Non-Hispanic
- ☐ Other, Please Identify: _____

6.) In a brief essay response, please share your reasons for wanting to become a CPG member. Include your experience with HIV-related work as well as any experience with HIV advisory bodies or involvement with community planning. Your essay response will be kept strictly confidential and reviewed only by the membership committee.

Please attach your current resume to this completed application and e-mail to carol.crump@cdph.ca.gov.

7.) Please list three references who can speak to your experience in HIV care and/or prevention planning, program development, research, or serving in an advisory capacity. If you are currently a member of an HIV planning council, please include your planning council chair or co-chair as a reference.

1. _____

2. _____

3. _____

* http://www.cdph.ca.gov/programs/aids/pages/cpg-information-practices-act.aspx