



CALIFORNIA PLANNING GROUP (CPG)

Membership Application for Term Beginning March 1, 2017

This application is for (check one):

At Large Seat (community/stakeholder) for: 3 Years 5 years

Nominated Seat (please answer the following):

a.) Name of the HIV planning council/group you will represent:

b.) How long will you serve as the nominated representative?

3 Years 5 years Other (specify): _____

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) and the Health Resources and Services Administration (HRSA). **By intialing here, I acknowledge I have received a copy of the CPG Privacy Notice:** _____
(<http://www.cdph.ca.gov/programs/aids/documents/cpginformationprivacynotice.pdf>)

AGE GROUP:

12 - 24 25 - 34
 35 - 44 45+

GENDER:

Male Female Transgender Male
 Transgender Female Other (specify): _____

HIV STATUS*:

HIV Negative
 HIV Positive (please answer the following):
 Receiving Ryan White Services and/or ADAP Services
 Not Receiving Ryan White Services and/or ADAP Services
 Decline to State
 Unknown
 Decline to State

RACE/ETHNICITY (check all that apply):

American Indian/Alaskan Native
Tribal Affiliation (optional): _____
 African American/Black
 Asian
 Native Hawaiian/Other Pacific Islander
 Hispanic/Latino/a
 White, Non-Hispanic
 Other (specify): _____

PrEP CONSUMER (current or former)?

Yes No Decline to State

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

SEXUAL ORIENTATION:

Bisexual Heterosexual Gay/Lesbian Decline to State

Other (*specify*): _____

In a brief essay response, please share your HIV-related or other relevant work, volunteer, or life experiences and reason for wanting to become a CPG member. The following should be included in your response, if applicable:

- Knowledge of and/or experience with HIV-related testing, prevention, care, treatment, support, and community resources;
- Current and/or past experience with HIV advisory bodies or community planning;
- Knowledge of and/or experience with needs assessment;
- Experience interpreting and/or utilizing HIV data; and
- Experience with communities/groups to share information or solicit feedback.

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.

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Please submit your application packet to cpg@cdph.ca.gov.

All applicants include the following in your packet:

- Completed application, including the essay response above
- Resume

Nominated applicants also need to include:

- Signed letter from HIV planning council/group that states you are the nominated representative for the CPG