

# Philadelphia Prevention Community Planning Group (CPG)

## Application for Membership

Revised March 2009

Please indicate whether you have served on the CPG previously.

\_\_\_\_ I am a current CPG member, reapplying for a new term.

\_\_\_\_ I am a former CPG member, reapplying (*Member during what years:* \_\_\_\_\_).

\_\_\_\_ I am a new applicant and have never been a member of the Philadelphia CPG.

Full Name (*please print*): \_\_\_\_\_

Title (*if applicable*): \_\_\_\_\_

Organization (*if applicable*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Cell  Work

Secondary Phone: \_\_\_\_\_  Home  Cell  Work

E-Mail Address: \_\_\_\_\_

Please note that membership is a volunteer position with final appointment determined by the Managing Directors Office.

As a CPG member, **every month** you would be responsible for attending one full CPG meeting (2 hours), one sub-committee meeting (2 hours), as well as preparation time (2-5 hours).

**Are you able to devote 4-8 hours per month to the CPG?** \_\_\_\_\_ YES \_\_\_\_\_ NO

(The CPG meets on the 4<sup>th</sup> Wednesday of every month from 2:30 -4:30pm; sub-committee meeting dates vary)

To achieve the CDC's requirements of inclusion, representation and parity, the CPG strives for a membership that represents the full range of Philadelphia communities affected by HIV. Therefore, candidates are asked to provide information on demographics and experience in order to assist in the member nomination process.

### Demographics: Please check next to the demographic group(s) with which you identify.

Age: \_\_\_\_\_

#### Gender:

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)

#### Sexual Orientation:

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other (*specify*) \_\_\_\_\_

#### Ethnicity/Race:

- African American/Black
- American Indian/ Alaska Native
- Asian
- Caucasian/ White
- Latino/Latina/ Hispanic
- Native Hawaiian/ Other Pacific Islander
- Other (*specify*) \_\_\_\_\_

Turn Over →

**Affiliation(s), Expertise and Representation**  
Please fill in each column below by check marking all that apply

<b>Affiliation(s):</b>	<b>Expertise:</b>	<b>At-Risk Community Representation:</b>
<input type="checkbox"/> Individual Person <input type="checkbox"/> State/Local Health Department <i>please specify i.e. STD, HIV, Hep C, TB, etc:</i> _____ <input type="checkbox"/> Governmental Education Agency <input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Center <input type="checkbox"/> Faith Based Community <input type="checkbox"/> Other Governmental Agency <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____ <input type="checkbox"/> Non-governmental HIV Prevention Service Provider <input type="checkbox"/> Non HIV Prevention Provider, but a non-governmental provider of related services <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____ <input type="checkbox"/> Community Base Organization <i>please specify i.e. HIV or other social service, etc:</i> _____	<input type="checkbox"/> Epidemiology <input type="checkbox"/> Behavioral/Social Sciences <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> School & Educational Community <input type="checkbox"/> Medical Doctors <input type="checkbox"/> Other (Please List): _____	<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> MSM Injection Drug Users <input type="checkbox"/> Injection Drug Users (IDU) <input type="checkbox"/> Heterosexual <input type="checkbox"/> Mother with or at risk for HIV infection <input type="checkbox"/> Adolescents <input type="checkbox"/> People Living with HIV/AIDS <input type="checkbox"/> General Population <input type="checkbox"/> Other (Please List): _____
<p align="center">Indicate one <b>PRIMARY</b> affiliation listed above:</p> _____	<p align="center">Indicate one <b>PRIMARY</b> expertise listed above:</p> _____	<p align="center">Indicate one <b>PRIMARY</b> representation listed above:</p> _____
<p align="center">Indicate one <b>SECONDARY</b> affiliation list above:</p> _____	<p align="center">Indicate one <b>SECONDARY</b> expertise listed above:</p> _____	<p align="center">Indicate one <b>SECONDARY</b> representation listed above:</p> _____

Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement (up to 2 pages) explaining their interest in the CPG and their knowledge of and/or experience with HIV prevention.

**Questions, comments, and completed applications are to be submitted to:**

**THE OFFICE OF HIV PLANNING**  
 340 North 12<sup>th</sup> Street, Suite 203  
 Philadelphia, Pennsylvania 19107  
 (215) 574-6760, (215) 574-6761 (fax)  
[www.hivphilly.org](http://www.hivphilly.org)



**DO NOT WRITE IN THIS SPACE--FOR OFFICE OF HIV PLANNING USE ONLY**

Date Received: \_\_\_\_\_  
 By: \_\_\_\_\_ Via \_\_\_\_\_  
 Date Reviewed by Panel \_\_\_\_\_

Recommendation: Y / N  
 Appointed: Y / N  
 Term: \_\_\_\_\_