

Maine HIV Prevention Community Planning Group (CPG)

Confidential Membership Application

The purpose of the CPG is for members of the populations affected by the epidemic to advise the Maine Center for Disease Control and Prevention's HIV, STD and Viral Hepatitis Program on HIV prevention planning for the State of Maine. The CPG does this by working with the Maine CDC to develop the *State of Maine Comprehensive HIV Prevention Plan*.

Membership requires that you be a member of one of the populations identified as being affected by the HIV epidemic. People who work for agencies funded by HIV prevention funds are not eligible to become members. A one-year **commitment to active participation** that includes approximately six (6) to eight (8) meetings per year, an annual retreat, and other work outside of meetings such as gathering information from communities at risk for HIV, distributing surveys, etc is also a requirement. New members are required to attend an orientation session. Reimbursement for travel costs and stipends for attendance are provided.

The following application information is confidential. For help in completing this form, or for more information, call the Administrator at 800- 427-7566, ext. 233.

Thank you for your interest in participating in HIV prevention planning in Maine.

CONFIDENTIAL MEMBERSHIP APPLICATION FORM

Name: _____ ADDRESS: Home Work (Circle one)
Work Phone: _____ Street: _____
Home Phone: _____ Town/City: _____
Best time to be reached: _____ State: _____ Zip: _____
Is it ok to leave a message? YES NO County: _____
E-Mail: _____

The CPG is committed to recruiting members that reflect the different groups affected by the HIV epidemic in Maine. CPG membership openings are filled when a vacancy occurs.

➤ All HIV status information and other information is kept strictly confidential

I give permission to share any of the information contained in the answers to the questions in this application form with the full CPG membership for the purpose of membership approval in accordance with the CPG member Confidentiality Statement.

YES

NO

Signature: _____

Date: _____

1. Representation:

In order to be considered for membership you must be a current or former member of one of the following populations: (Please check the one that you can represent)

HIV ~ Human immunodeficiency virus, anyone that has an HIV diagnosis (without any of the following behavioral risk categories) and would be able to communicate with others that may be at risk for contracting HIV

HIV

MSM ~ Males who have Sex with Males, who can talk with other MSM whose behaviors put them at risk for HIV.

MSM

OR

HIV+ MSM

IDU ~ Current or former Injection Drug User (IDU), who can talk with IDU's that currently share needles and/or works.

IDU

OR

HIV+ IDU

HET ~ Females who are or have been at risk for who can talk with other females who are at risk.

HET

OR

HIV + HET

2. Please provide the following demographic information ~ please check:

Race: (check all that apply)

- Asian
- Black or African-Am.
- Native Am. or Alaskan Native
- Native Hawaiian or other Pacific Islander
- White
- Other (please specify): _____

Age:

- 19 or younger
- 20 – 29
- 30 and over

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Gender:

- Male
- Female
- Transgender
- Other

3. CPG members need access to, and knowledge about, the population they represent on the group.

Briefly describe your connections to the population you want to represent (the one you picked in question 1 on the first page). * _____

4. Briefly describe ways of getting information from the people in this population who are at risk for HIV infection. How would you help with this?*

5. Have you been involved in any type of activities, committees, or other work related to HIV/AIDS?* If so, what did you do and with whom?*

6. Have you done any volunteer work, community organizing, or advocacy work? If so, what did you do and with whom?*

***If you would prefer to answer these questions over the phone please check here and the Administrator will contact you to set up a time at your convenience.**

7. Include the names, addresses and phone numbers of two (2) references, either personal or professional who will be able to answer questions about the risk population that you will represent. *

1. Name: _____
Address: _____

Relationship: _____
Phone: Day: () _____ Evening: () _____
Best time to reach _____

2. Name: _____
Address: _____

Relationship: _____
Phone: Day: () _____ Evening: () _____
Best time to reach _____

*** If you are asking a case manager or medical provider for a reference, you must make sure a written release form has been signed and given to that reference prior to your application being submitted. Release forms may be obtained from your case manager or provider.**

The Membership Committee reviews all applications submitted.

Please mail your application to:

Maine HIV Prevention CPG
11 Parkwood Drive
Augusta, ME 04330

If you have any questions, please call the Administrator at 1-800-427-7566, ext. 233.

Thank you for your interest in the Maine HIV Prevention Community Planning Group.