



# SAN FRANCISCO HIV PREVENTION PLANNING COUNCIL (HPPC) MEMBERSHIP APPLICATION

(Please Print Clearly)



I, \_\_\_\_\_, hereby apply to become a member of the San Francisco HIV Prevention Planning Council (HPPC).

Agency affiliation (if any): \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specific Role: \_\_\_\_\_

This is a volunteer position appointed by the Director of the Department of Public Health.

As an HPPC member, you will be responsible for participating in one full Council meeting per month (3 hours), one committee meeting (2 hours), plus preparation time (2 – 5 hours). Can you devote 7 – 10 hours per month to the HPPC? YES \_\_\_\_\_ NO \_\_\_\_\_

To achieve the CDC’s requirements of inclusion, representation and parity, the HPPC strives to have a membership that represents the full range of communities affected by HIV. Therefore, candidates are asked to provide demographic and experience-related information to assist in the member selection process.

**DEMOGRAPHICS:** Please check mark below the demographic groups with which you identify.  
(NOTE: Sexual Orientation, HIV Status and Substance Use History are optional).

**Sex/Gender**

- Male       Female  
 Transmale       Transfemale  
 Genderqueer       Other\*

\*Please specify \_\_\_\_\_

**Age Group**

- 20 and under       21 – 24  
 25 – 29       30 – 39  
 40 -54       55 – 70

71 and over      Date of Birth \_\_\_\_\_

**Race/Ethnicity**

- African American       Native American       Asian\*  
 White       Latino/Hispanic       Native Hawaiian  
 Other Pacific Islander\*       Other\*

\*Please specify \_\_\_\_\_

**Sexual Orientation**

- Gay       Bisexual       Lesbian  
 Heterosexual       Other\*  
 Decline to state

\* Please specify \_\_\_\_\_

**HIV Status**

- Negative       Positive  
 Unknown       Decline to state

**Substance Use History**

- Non IDU Substance Use History       IDU History  
 Decline to state  
 IDU=Injection Drug User

**EXPERIENCE/EXPERTISE: Please check below all of your areas of experience and/or expertise.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic institutions/schools | <input type="checkbox"/> HIV+ persons             | <input type="checkbox"/> Researcher                    |
| <input type="checkbox"/> Behavioral/social scientist   | <input type="checkbox"/> Homelessness             | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Commercial sex work           | <input type="checkbox"/> Immigrants               | <input type="checkbox"/> State Health Department       |
| <input type="checkbox"/> Community Clinic              | <input type="checkbox"/> Incarceration            | <input type="checkbox"/> Substance use                 |
| <input type="checkbox"/> Domestic violence             | <input type="checkbox"/> Injection drug use       | <input type="checkbox"/> Transgendered populations     |
| <input type="checkbox"/> Epidemiologist                | <input type="checkbox"/> Intervention specialist  | <input type="checkbox"/> Tuberculosis                  |
| <input type="checkbox"/> Evaluation researcher         | <input type="checkbox"/> Local Health Department  | <input type="checkbox"/> Women                         |
| <input type="checkbox"/> Faith community               | <input type="checkbox"/> Mental health            | <input type="checkbox"/> Youth                         |
| <input type="checkbox"/> Gay, bisexual men/MSM         | <input type="checkbox"/> Other government         | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Harm reduction                | <input type="checkbox"/> People of color          | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Health or health services     | <input type="checkbox"/> Private medical provider | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Health planner                | <input type="checkbox"/> Rape/sexual abuse        | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Hepatitis C                   | <input type="checkbox"/> Research                 | <input type="checkbox"/> Other (specify) _____         |

You are invited (but not required) to include a resume, cover letter, biographical sketch, or other statement at most 2 pages long that explains your interest in participating in the HPPC and your knowledge of and/or experience with HIV prevention.

Please *fax* this form (and your statement, if any) to (415) 431-7154 marked "Attn: Betty Chan Lew" **or** *mail* it to  
Betty Chan Lew, HIV Prevention Section, 25 Van Ness Avenue, Suite 500, San Francisco, CA 94102.

If you do not receive confirmation within one week that we have received your application, please contact Betty Chan Lew at (415) 554-9492.