

Deadline: 2/14/14 @ 5 PM

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

Please Note: Once completed, this form, including all attachments, become public record.

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. **Please provide this information in order to meet the criteria of the Council.**

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

Do you live or work in San Francisco? Live Work

Agency affiliation (if any): _____ Job Title: _____ Specific Role: _____

What is the most appropriate way to contact you?

Street address: _____ City: _____ Zip: _____ - _____

Phone: _____ Cell: _____ E-Mail: _____

This is a volunteer position appointed by the Director of the Department of Public Health. As an HPPC member, you will be responsible for attending all full Council meetings and at least one (1) community engagement meeting each year, and participating in at least one (1) working group each year. The time commitment for these meetings, including preparation time, can fluctuate between 4 to 6 hours per month. Can you devote 4 to 6 hours per month to the HPPC? **YES** _____ **NO** _____

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

Year of birth: _____

Race/Ethnicity (check all that apply)

- African American Native American Asian*
 White Latino or 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** History IDU** History
 Decline to state **Injection Drug User

HPPC members represent the characteristics, life experiences, and perspectives of individuals with HIV, providers of HIV prevention services, and/or areas of professional expertise necessary for planning and evaluating HIV prevention strategies and services (behavioral science, social science, epidemiology, and health planning). The Council values both experience and expertise and asks that you distinguish areas you bring forth to the Council.

	Mark the box below if you have personal experience in any of these areas.	Mark the box below if you have professional expertise in any of these areas.
Academic institutions/schools	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral/social scientist	<input type="checkbox"/>	<input type="checkbox"/>
Commercial sex work	<input type="checkbox"/>	<input type="checkbox"/>
Community Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologist	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation researcher	<input type="checkbox"/>	<input type="checkbox"/>
Faith community	<input type="checkbox"/>	<input type="checkbox"/>
Gay, bisexual men/MSM	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>
Health or health services	<input type="checkbox"/>	<input type="checkbox"/>
Health planner	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
HIV+ persons	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants	<input type="checkbox"/>	<input type="checkbox"/>
Incarceration	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>
Intervention specialist	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>
Other government	<input type="checkbox"/>	<input type="checkbox"/>
People of color	<input type="checkbox"/>	<input type="checkbox"/>
Private medical provider	<input type="checkbox"/>	<input type="checkbox"/>
Rape/sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>
Transgendered populations	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

You are invited (but not required) to include a resume, cover letter, biographical sketch, or other statement no more than two (2) pages in length that explains your interest in participating in the HPPC and your knowledge of and/or experience with HIV prevention.

Completed application (and your statement, if any) to:
 Betty Chan Lew:
 e-mail: Betty.Lew@sfdph.org
 fax: (415) 431-7154
 mail: Betty Chan Lew
 CHE&P
 25 Van Ness Avenue, #500
 San Francisco, CA 94102

If you do not receive confirmation within one (1) week that we have received your application, please contact Betty Chan Lew at (415) 437-6216.