MEMBERSHIP APPLICATION

Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred gender pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: Email: \_\_\_\_\_\_\_\_

Home Phone: Cell Phone:

PLEASE NOTE: CONTACT and EXPERIENCE INFORMATION IS RELEASED TO THE MAYOR’S OFFICE FOR OFFICIAL RECORDS

Gender: [ ]  Male [ ]  Female [ ]  Transgender

Age: [ ]  18 -19 [ ]  20 -29 [ ]  30 -39 [ ]  40 - 49 [ ]  50 – 59 [ ]  +60

Race/Ethnicity: [ ]  White [ ]  Black [ ]  Hispanic or Latino(a) [ ]  Asian Pacific/Islander [ ]  American Indian/Alaska Native [ ]  Other

1. **CONFLICT OF INTEREST:** All members must abide by the Conflict of Interest Policy of the Planning Council. Conflict of interest is defined as: Within the last three months, having a financial interest in, serving as a board member, being employed by or having a contract or an agreement with, a corporation, partnership, or any other entity, whether public or private, that receives Ryan White Part A Funds:

Are you an employee of a Ryan White Part A funded agency? [ ]  No [ ]  Yes

If so please name the agency here:

Are you a board member of a Ryan White Part A funded agency? [ ]  No [ ]  Yes

If so please name the agency here:

Do you have a contract/agreement with a Ryan White Part A funded agency? [ ]  No [ ]  Yes

If so please name the agency here:

1. **HIV and HEPATITIS C DISCLOSURE:** Members who are living with HIV may be reimbursed for reasonable expenses (childcare and travel). All HIV information will be kept strictly confidential.

[ ]  I am not a Person Living with HIV (go to question #3)

[ ]  I am a Person Living with HIV/AIDS (PLWHA) and I am willing to publicly disclose my status.

[ ]  I am a Person Living with HIV and am willing to disclose my status to the Nominating/Bylaws Committee and the NORAPC Staff only, for the purpose of statistical reporting to Health Resources and Services Administration

[ ]  I am a Person living with both Hepatitis C and HIV.

**Exposure Category**:

[ ]  Men Who Have Sex with Men [ ]  Intravenous Drug User (IDU) [ ]  MSM/IDU

[ ]  Heterosexual [ ]  Hemophilia [ ]  Blood Transfusion

[ ]  Perinatal [ ]  Other [ ]  Unknown/Not reported

[ ]  Does Not Apply

If you are a Person Living with HIV, do you receive services from a Ryan White Part A funded agency?

 [ ]  No [ ]  Yes [ ]  Don’t know

1. **LIST UP TO FIVE (5) AREAS OF INTEREST/EXPERTISE:**

[ ]  Health Needs of Men of Color Who Have Sex W/Men [ ]  Homeless Population [ ]  Other Non-Medical Support Service

[ ]  Health Needs of White Men Who Have Sex With Men [ ]  Rural Parishes [ ]  Women’s HIV Health Needs

[ ]  Health Needs of the Incarcerated Population [ ]  Health Planning [ ]  Substance Use/ Abuse (IDU)

[ ]  Primary Medical Care: Ambulatory/Outpatient [ ]  General Public Health [ ]  Children’s HIV Health Needs

[ ]  Evaluation [ ]  Youth Health Needs [ ]  Health Insurance

1. **DESCRIBE YOUR WORK WITH UNDER-SERVED, MARGINALIZED, AND/OR IMPACTED POPULATIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **EMPLOYMENT AND VOLUNTEER INFORMATION:**
	1. Are you currently employed? [ ]  No [ ]  Yes If yes, please state the organization, your title and describe your job
	 responsibilities:
	2. Have you ever been a caregiver for a Person Living with HIV/AIDS? [ ]  No [ ]  Yes

 If yes please explain:

* 1. Please describe any work (volunteer and/or paid) that you have done, other than HIV related. Please list

organizations, dates of service and responsibilities: \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Have you ever worked for an organization that serves people with HIV/AIDS [ ]  No [ ]  Yes

If yes, please explain:

1. **PLEASE LIST ANY OTHER SKILLS YOU HAVE THAT YOU FEEL WOULD BE AN ASSET AT NORAPC:** (blogger, social media, community networks, faith-based networks, etc.): \_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PLEASE TELL US WHY YOU ARE INTERESTED IN BECOMING A PLANNING COUNCIL MEMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sign Above to verify that all information given is complete and accurate.

Return all completed applications either by mail, email, or fax: *Mail: Attn: Program Director, NORAPC,*

*2601 Tulane Ave, Suite 400, New Orleans, LA. 70119 Email:* *info@norapc.org* *Fax: (504) 821- 9150*