



MEMBERSHIP APPLICATION

Name: _____

Date: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Day Phone: _____

Night Phone: _____

DEMOGRAPHIC INFORMATION IS COLLECTED TO ENSURE DECISIONS MADE ARE REPRESENTATIVE OF THE COMMUNITY AFFECTED BY HIV. NORAPC IS REQUIRED TO REPORT DEMOGRAPHIC INFORMATION OF APPLICANTS TO HRSA (FUNDING AGENCY), AND PERSONAL CONTACT INFORMATION MAY BE RELEASED TO THE OFFICE OF HEALTH POLICY FOR OFFICIAL RECORDS SHOULD AN APPOINTMENT BE MADE TO THE COUNCIL.

Gender: Male Female Unwilling to disclose Transgender or Nonconforming

Race/Ethnicity: White/Not Hispanic Black/Not Hispanic Hispanic

Asian Pacific/Islander American Indian/Alaska Native Other

Age Range: 18-24 25-30 31- 35 36-40 41-45 46-50 47-55 56-60 61-64 65+

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 six 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. Please complete the following:

| | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Employee of a Ryan White Part A funded agency | <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes- Name of agency: |
| Board member of a Ryan White Part A funded agency | <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes- Name of agency: |
| Have a contract/agreement with a Ryan White Part A funded agency | <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes- Name of agency: |
| Affiliated with any Ryan White programs | <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes- Name of agency: |
| Receive services from a Ryan White Part A funded agency | <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes- Name of agency: |

2. **HIV DISCLOSURE:** Members who are HIV+ may be reimbursed for reasonable expenses (childcare, travel, and personal care attendant). All HIV information will be kept strictly confidential.

I am not living with HIV (go to question #3)

I am living with HIV, and I am willing to publicly disclose my status.

I am living with HIV and willing to disclose my status to the Nominating/Bylaws Committee and the NORAPC Staff only, for the purpose of statistical reporting to HRSA

I am living with HIV, and I am NOT willing to publicly disclose my status.

3. **HEP C DISCLOSURE:** All HIV and Hepatitis C information will be kept strictly confidential.



I am Hepatitis C and HIV co-infected. Unwilling to disclose

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

- Health Needs Of Men Of Color Who Have Sex W/Men
- Health Needs Of White Men Who Have Sex With Men
- Health Needs of the Incarcerated Population
- Primary Medical Care: Ambulatory/Outpatient
- Evaluation
- Homeless Population
- Rural Parishes
- Health Planning
- General Public Health
- Youth HIV Health Needs
- Other Nonmedical Support Service
- Women’s HIV Health Needs
- Substance Use/ Abuse (DUI)
- Children’s HIV Health Needs

5. DESCRIBE YOUR WORK WITH UNDER-SERVED POPULATIONS: _____

6. EMPLOYMENT AND VOLUNTEER INFORMATION:

A) Are you currently employed? No Yes If yes, please state the organization, your title and describe your job responsibilities: _____

B) Have you ever been a caregiver for a person living with HIV/AIDS? No Yes
If yes then explain: _____

C) Please describe any work (volunteer and/or paid) that you have done, other than HIV related. Please list organizations, dates of service and responsibilities: _____

D) Have you ever worked for an organization that serves people with HIV/AIDS No Yes
If yes, please explain: _____

E) Have you ever worked for a healthcare or social service organization No Yes
If yes, please explain: _____

PLEASE LIST ANY OTHER SKILLS YOU HAVE THAT YOU FEEL WOULD BE AN ASSET AT NORAPC: _____

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