



STATEWIDE HIV CONSUMER ADVISORY BOARD APPLICATION

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204
317-233-7744 (ofc.)
317-233-7663 (Fax)

This form is an application for membership to the Indiana HIV consumer advisory board (CAB) program. The program currently has vacancies. All information is held in the strictest confidence.

Note: Members of the Statewide CAB program are automatic members of the state's larger advisory board, the Comprehensive HIV Services Planning and Advisory Council.

(Please check the appropriate box of interest)

Statewide Consumer Advisory Board Applicant (SWCAB)

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-Mail _____ Fax Machine (____) _____

How do you prefer to be contacted? Daytime Phone Evening Phone

E-Mail Fax Machine

Is it okay to leave a discreet message at your preferred number? Yes No

DEMOGRAPHICS

This information is required to ensure that CAB membership reflects the diversity and demographics of the HIV epidemic in Indiana. Please choose the answer that most closely describes your sex, race, spoken language, and educational background.

The Indiana HIV Consumer Advisory Board Program strives for diversity. We want members with different levels and types of experiences. People living with HIV who have little or no experience in the delivery of services will bring an informative perspective to the program's mission.

PRIMARY LANGUAGE

English Spanish Amer. Sign Lang. Other

SECONDARY LANGUAGE

English Spanish Amer. Sign Lang. Other

SEX

Male Female Transgendered

RACIAL/ETHNIC BACKGROUND

- White (not Hispanic)
- Black (not Hispanic)
- Hispanic
- Asian/Pacific Islander
- Native American Alaskan Native
- Multi-Racial
- Other

EDUCATIONAL BACKGROUND (mark only the last level of schooling that you completed)

- Elementary
- Junior High
- High School/GED
- Some College
- Associate's
- Vocational/Tech
- Bachelor's
- Graduate

TRANSPORTATION AND SPECIAL CONSIDERATIONS (mark all areas that apply)

- I own a car
- I take the bus
- Others provides my transportation
- My medication requires refrigeration
- I need help reading
- I need other special accommodations

SPECIAL SKILLS (mark all areas in which you have specialized knowledge or skills)

- Addictions
- Blindness
- Communications
- Deafness
- Education
- Employment
- Families
- Housing
- Insurance
- Literacy
- Mental Health
- Transportation

As a member of the Statewide CAB Program, you will be required to attend regular monthly meetings. They are open to the public, so you must be willing to disclose your HIV status. Every other month, the CAB meeting is followed by a meeting of the larger advisory council, and your participation will be expected. At the District level, Statewide CAB members are expected to work within their districts to ensure opportunities for consumers to provide input. District CAB is more flexible and allows for participation (not membership) and is open to those infected as well as affected by HIV. Statewide CAB members must be willing to disclose their HIV status to local consumers, local service providers, and other parties with which the District CAB may conduct business.

Describe any beneficial experiences that you may have had working with city or state governments (or other bodies that use a group processes)?

What other experience, talents, or expertise will you be able to bring to cab program?

Which description best represents you?

(Mark only one)

- Person living with HIV
- parent of a minor who is HIV+
- legal guardian of a person who is HIV+

Statewide CAB members may be asked to participate on ad hoc committees which are limited in duration and purpose. Members will learn more about these opportunities during the normal course of the CAB activities.

Committee work often takes place outside of regularly scheduled meetings and can require an additional time commitment. Please mark possible committees that interest you most.

- Membership
- Travel and Training
- Quick Response
- Newsletter and Public Relations

For each committee that you marked above, please tell us about your interest.

There are many kinds of AIDS activism. Each is important; however, the work of this program is deliberate and methodical. Individuals who want immediate results may become frustrated with the processes necessary to accomplish the program's goals, but working "within" the system is often the most effective way to identify gaps in services and to make improvements to the quality of the existing service programs.

This application and all information contained herein will be used only for the purpose of balanced membership selection and will be held confidential. Please feel free to attach additional pages to further address any of the questions on this form. Letters of reference are also accepted in support of this application. If you are nominating or completing this form for someone other than yourself, please be aware that by signing this section you are certifying that, to the best of your knowledge, all the answers are correct. The person being nominated must sign the section below.

SIGN AND DATE HERE

Name of person completing this form (please print)

Daytime phone number

Signature of person completing this form

Relationship with applicant/Nominee

Signature of applicant/nominee

Date of this application