



Thank you for your membership interest in the Indiana HIV PREVENTION COMMUNITY PLANNING GROUP.

The Centers for Disease Control and Prevention (CDC) states that, “The primary task of the Community Planning Group is to develop a Comprehensive HIV Prevention Plan for the state of Indiana that includes prioritized target populations and set of prevention activities and interventions for each targeted population. The following information will provide the framework and brief overview of Indiana’s community participatory planning process as well as how the Indiana Community Planning Group carries out the mandates set forth by the CDC.

GOALS OF THE COMMUNITY PLANNING GROUP PROCESS

1. HIV community planning is required to support broad-based community participation in HIV prevention planning.
2. Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.
3. Community planning ensures that HIV prevention resources target priority populations and intervention set forth in the comprehensive HIV prevention plan.

Once again, thank you for your interest in the Indiana HIV Prevention Planning Group (CPG), your application will be reviewed by the membership committee and we will contact you when the application process is completed.

Sincerely,
CPG Membership Committee

Instructions for submitting Application/Re-application form:

1. Print out the form
2. Type or print on the form completing all requested information
3. Fax the completed form to CPG Coordinator at (317) 233-7663

OR

4. Mail the completed form to:

CPG Coordinator
2 N. Meridian Street, 6-C
Indianapolis, IN 46204

Indiana HIV Prevention Community Planning Group

- Member Re-Application**
 New Membership Application
 Technical Advisor Application

Please type your responses or print CLEARLY using black ink.

Confidentiality: All efforts will be made to keep information shared by applicants and participants confidential. Completed applications are reviewed only by ISDH prevention staff and the Membership Committee. Applicant identity will not be shared with the public or the CPG body as a whole. Violations of this policy will result in expulsion from the Applications from applicants who are not selected to serve on the Planning Group will be assessed to become Community Technical Advisors or will be shredded.

Representation: The Indiana HIV Prevention Community Planning Group (CPG) consists of representatives from populations most affected by HIV. The CPG seeks members that will bring to the table different perspectives and expertise on a wide variety of experiences including direct life experiences. The Indiana CPG seeks representatives with a background in behavioral or social science, health planning, evaluation, local health departments, researchers, substance use, mental health, education, corrections/criminal justice, medical providers, and faith leaders.

CONTACT INFORMATION:

Name: _____

Address: _____

City and Zip Code: _____

E-mail: _____

Day Phone: (include area code) _____ Fax: _____

Evening Phone: (include area code) _____ Fax: _____

Cellular Phone: (include area code) _____

Region Representation (*please see region information sheet for region number*): _____

EMPLOYMENT:

Current Place of Employment: _____

Job Title/Position: _____

Work Address: _____

Work Phone: (include area code) _____ Work Fax: (include area code) _____

Email: _____

Residential County: _____

Employment County: _____

Who do you professionally provide services to?
(Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Men who have sex with men (MSM) | <input type="checkbox"/> Heterosexual men engaging in high risk behavior |
| <input type="checkbox"/> Persons living with HIV / AIDS | <input type="checkbox"/> Ethnic minorities disproportionately impacted by HIV |
| <input type="checkbox"/> Incarcerated individuals | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> High-risk youth | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Injection drug users (IDU) | |
| <input type="checkbox"/> Heterosexual women engaging in high risk behavior | |

IDENTIFYING INFORMATION:

GENDER: (please check one):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Transgender | |
| How do you self identify? | <input type="checkbox"/> Female or <input type="checkbox"/> Male |

Age:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> 13 – 24, if under 25, please write your age here _____ | <input type="checkbox"/> 30 – 39 |
| <input type="checkbox"/> 25 – 29 | <input type="checkbox"/> 40 – 49 |
| | <input type="checkbox"/> 50 + |

Race/Ethnicity: (Please Check One)

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Pacific Islander/ Native Hawaiian or Other | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Other _____ |

Please check the boxes that best describes you:

- | | |
|---|---|
| <input type="checkbox"/> Persons living with HIV / AIDS | <input type="checkbox"/> Ethnic minorities disproportionately impacted by HIV |
| <input type="checkbox"/> Men who have sex with men (MSM) | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Incarcerated individuals (recently released or past incarceration) | |
| <input type="checkbox"/> High-risk youth (aged 13 to 24) | |
| <input type="checkbox"/> Injection drug users (IDU) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Heterosexual women engaging in high risk behavior | |
| <input type="checkbox"/> Heterosexual men engaging in high risk behavior | |

Do you have other life and/or work experience in the following areas?
(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Academic/Education | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Business | <input type="checkbox"/> Low Income Services |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Medical Health |
| <input type="checkbox"/> Correctional System | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Multicultural Issues |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Education System | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Gay/Lesbian/Bi/Trans Issues | <input type="checkbox"/> STD Clinic |
| <input type="checkbox"/> Harm Reduction/Needle Exchange | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> HIV/AIDS Advocacy | <input type="checkbox"/> Traditional Healer |
| <input type="checkbox"/> HIV/AIDS Care | <input type="checkbox"/> Woman's/Family Issues |
| <input type="checkbox"/> HIV/AIDS Prevention | <input type="checkbox"/> Youth Organization |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other _____ |

Have you had previous experience in any of the following areas?
(Please check all that apply)

- Community Organizing
- Epidemiology
- HIV Prevention Community Planning
- HIV Prevention Outreach, Counseling, or Education
- HIV Prevention Training/Certification
- Meeting Facilitation
- Health Care Planning (specify)
- Program Evaluation
- Grant Management
- Other (specify)

Do you have previous background or training in the following fields? *(Please check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Advisory Boards (Please list what boards)

_____ | <input type="checkbox"/> Bachelor Degree
Degree area: _____ |
| | <input type="checkbox"/> Master Degree
Degree area: _____ |
| | <input type="checkbox"/> Doctorate Degree
Degree area: _____ |

MEMBER REAPPLICATION SECTION:

Please list the previous years of CPG membership: _____

Please list the previous committees that you served on: _____

What contribution(s) did you contribute to the committee(s)? _____

Have you ever chaired a committee? Yes No

If you check yes, please list previous committees that you chaired? _____

Have you ever served as a community co-chair? Yes No

If yes, what year/s? _____

AGREEMENT TO SERVE:

Please read each of the following. Check each box to indicate that you understand and agree to serve, and then sign below. If you have any questions, please call the CPG Program Director, at the Indiana State Department of Health, HIV/STD Program at 317-233-7483 or Fax 317-233-7663.

- I am able to attend 6 meetings a year, as well as participate in necessary teleconferences, subcommittee work group meetings/conference calls, and travel within Indiana to meet the responsibilities of serving on the CPG. (Travel and lodging expenses to attend bi-monthly CPG meetings will be reimbursed by the CPG Program.)
- If appointed to the CPG, I am willing to volunteer for at least a two-year term.
- I give permission to share any of the information I have provided in this application with the CPG Membership Committee for the sole purpose of membership selection.

Signature _____ Date _____

Thank you for your time and interest in the Indiana HIV Prevention Planning Group!

2010 INDIANA HIV COMMUNITY PLANNING GROUP REGIONS

REGION 1 JASPER LAKE NEWTON PORTER	REGION 6 BLACKFORD DECATUR DELAWARE FAYETTE FRANKLIN GRANT HENRY HOWARD MADISON RANDOLPH RUSH TIPTON UNION WAYNE
REGION 2 CASS ELKHART FULTON LAPORTE MARSHALL MIAMI PULASKI ST. JOSEPH STARKE	REGION 7 BARTHOLOMEW BROWN CLAY GREENE LAWRENCE MONROE OWEN PARKE PUTNAM SULLIVAN VERMILLION VIGO
REGION 3 ADAMS ALLEN DEKALB HUNTINGTON JAY KOSCIUSKO LAGRANGE NOBLE STEUBEN WABASH WELLS WHITLEY	REGION 8 DAVIESS DUBOIS GIBSON KNOX MARTIN PERRY PIKE POSEY SPENCER VANDERBURGH WARRICK
REGION 4 BENTON CARROLL CLINTON FOUNTAIN MONTGOMERY TIPPECANOE WARREN WHITE	REGION 9 CLARK CRAWFORD DEARBORN FLOYD HARRISON JACKSON JEFFERSON JENNINGS OHIO ORANGE RIPLEY SCOTT SWITZERLAND WASHINGTON
REGION 5 BOONE HAMILTON HANCOCK HENDRICKS JOHNSON MARION MORGAN SHELBY	