

PORTLAND AREA HIV SERVICES PLANNING COUNCIL

MEMBERSHIP APPLICATION

Thank you very much for your interest in Council membership. If you have questions, please contact the Council office at (503) 988-3030 ext. 25703.

Planning Council meetings are generally held once a quarter, though more often when necessary. Regular meetings are held on the first Wednesday of the month. Committee meetings are arranged to meet the schedules of those participating.

Section 1: APPLICANT INFORMATION

Please print the following information clearly:

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (home) _____ (work) _____ (cell) _____

E-mail: _____ Fax: (only if confidential) _____

Mailing Address (if different than above): _____

Preferred method of contact: Email Mail; Phone (# _____);

Emergency Contact Name: _____ Phone: _____

Primary Language: _____ If not English, would you like a translator? Yes No

The federally authorized Ryan White Program requires that the Planning Council be reflective of the local HIV/AIDS epidemic. For this purpose, please identify any or all of the following categories that apply to you.

Gender: Male Female Transgender

Age: Under 18 18-24 25-49 50 and above

Date of birth: _____
(optional but helpful for statistical purposes)

Ethnicity/Race:

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multiracial (describe) |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Hispanic/Latino/Latina | |

Optional:

If you are a person living with HIV/AIDS, are you willing to identify yourself as such?

- Yes No Not applicable

If you are a person living with Hepatitis B or Hepatitis C, are you willing to identify yourself as such?

- Yes No Not applicable

Have you ever worked or volunteered at an agency or organization which provides services to people with HIV/AIDS?

- Yes No

If yes, please list the agencies/organizations where you have worked/volunteered and describe your position:

Agency	Job Description

Does your current employer/organization receive any Ryan White funding?

- Yes No

If yes, please explain: _____

I understand that the information I have provided on this form is confidential. By signing this application, I understand this information will be available to the Nominations Committee for review.

Signature of Applicant

Date

Please return the completed original application and a signed *Conflict of Interest Disclosure* form to:

Portland Area HIV Services Planning Council
SE Health Center
3653 SE 34th Avenue
Portland, OR 97202

(503) 988-3030 ext. 25703 or 25681

www.hivportland.org

The Planning Council accepts applications for membership at any time with membership two-year terms beginning in September. Applications are considered to fill interim-term vacancies as they arise. Applications are valid for one year from the date they are received.