

REGION 6 HIV/AIDS PREVENTION PLANNING GROUP APPLICATION FORM

Date _____

Name: _____

Address: _____

Phone #'s: _____

Are you currently a member of the Region 6 Ryan White Title II Planning Council?

Yes _____ No _____

Please briefly describe you own history of involvement in HIV/AIDS including any planning group, advisory board, task force, or other organizational involvement you have had.

Why are you interested in participating in the Prevention Planning Committee?

Please identify from the list below those areas you feel you can best represent. **Circle up to three:**

- | | |
|---|---|
| Adolescents | Persons of Color |
| Corrections Agency | Persons Living with HIV/AIDS (PLWH/A's) |
| Differently-abled/impaired individuals | Religious/Spiritual Organization |
| Educator/Outreach Worker | Sexual Partner of PLWH/A or IDU |
| Expertise in epidemiology/evaluation/health planning | Social Service Agency |
| Gay or Bisexual Men | State and/or Local Health Department |
| Hemophiliac/hemophiliac community | State and/or Local Education Agency |
| Individuals living in rural areas | Substance Abuse Agency |
| Injection Drug Users (IDU) | Women |
| Mental Health Agency | *Write in additional areas: |
| Organization providing HIV prevention and related services (STD, TB, Care for PLWH/A's) | _____ |
| | _____ |

Can you make a four-hour meeting time commitment (6 – 8 meetings in 2008) needed to participate?

Meetings are held in Olympia, Washington with mileage reimbursement available.

Yes _____ No _____

Please return to:

Clark County--Region 6 AIDS Service Network
Deb Coss-Fricke..... PO Box 9825
Vancouver, WA 98666-8825