



2008 MEMBERSHIP APPLICATION

Cuyahoga County HIV Prevention Regional Advisory Group

The Cuyahoga County HIV Prevention Regional Advisory Group is comprised of thirty (30) members. Each agency that receives funding under the Federal HIV Prevention Grant shall be provided one (1) voting member slot. Five (5) community agencies not funded by the Federal HIV Prevention Grant will be recruited to bring additional skills and expertise to the Regional Advisory Group. Agency slots are retained by the agency during the entire grant cycle.

Remaining slots are designated for community members—individuals interested in HIV prevention who do not represent an AIDS service organization. Community slots are ongoing provided an annual application is submitted. Individuals are eligible for membership after attending three (3) consecutive meetings.

Voting members who miss three (3) consecutive meetings or five (5) total meetings within one (1) calendar year will have their membership status reviewed for recommendation of termination by the Executive Committee. **All members MUST submit an application each year.**

CONTACT INFORMATION (PLEASE PRINT)

Please provide contact information for the membership roster and to receive mailings

Name _____

Agency Name _____

Agency Address _____

City, State, Zip _____

Phone (____) _____ Email _____

RAG membership position/committee _____

MEMBERSHIP VOTING STATUS

I am the voting member for my funded/non-funded agency _____
(Agency Name)
In my absence _____ will represent our vote
(Voting Proxy/Name)

I am a member of a funded/non-funded agency with voting privileges
_____ withstanding a nonvoting membership status
(Agency Name)

I am a community member affirming voting status

I am a community member affirming a nonvoting membership status

OFFICE USE ONLY: Exec. Term _____ Grant: CDBG Federal HOPWA

DISCLOSURE OF CONFLICTS OF INTEREST

Do you have involvement with an AIDS service organization or health organization within the past two years (i.e. employment, volunteer, board member, etc.)? If so, please describe:

PROFESSIONAL EXPERTISE Please mark all applicable:

- | | | | |
|------------------------------|--------------------------|--------------------------------|--------------------------|
| Substance Abuse Treatment | <input type="checkbox"/> | TB Treatment/Services | <input type="checkbox"/> |
| Adolescent Services | <input type="checkbox"/> | Religious Community | <input type="checkbox"/> |
| Corrections | <input type="checkbox"/> | Corporate/Business | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Housing Agent | <input type="checkbox"/> |
| Community Based Organization | <input type="checkbox"/> | Family Member/Partner HIV+ | <input type="checkbox"/> |
| Local Health Department | <input type="checkbox"/> | HIV Prevention Provider | <input type="checkbox"/> |
| HIV Clinical Care Provider | <input type="checkbox"/> | Educational System | <input type="checkbox"/> |
| Epidemiology | <input type="checkbox"/> | STD Treatment Facility | <input type="checkbox"/> |
| Behavioral/Social Science | <input type="checkbox"/> | HIV Support Services Volunteer | <input type="checkbox"/> |
| Health Planning | <input type="checkbox"/> | Senior Services | <input type="checkbox"/> |

ADDITIONAL EXPERTISE Please describe any additional experiences, training, or skills you bring to the Cuyahoga County HIV Prevention Regional Advisory Group.

