

CPG MEMBERSHIP SURVEY FOR INCLUSION/RECRUITMENT PURPOSES

Please fill in the blanks:

Name: _____

Date: _____

Age: _____

Gender: _____ (Male, Female, Transgender)

Race/Ethnicity _____

Confidential

Code: S = Speaks for but not a member of... This means you are knowledgeable about and/or that you do significant work with this population. You can accurately identify issues, problems, and concerns, etc.

M = Actual Member of the population; or was a member, i.e., a member who formally abused alcohol but now has stopped or is in recovery.

Using the code identified above, put "S" or "M" (or both if appropriate) in each of the blanks below.

- ____ Men who have sex with men (MSM)
- ____ HIV positive
- ____ Youth at risk
- ____ Homeless
- ____ Sex partner of MSM, IDU, HIV+
- ____ Migrant population
- ____ Transgender

- ____ Injection Drug User (IDU)
- ____ Sex Worker-survival sex
- ____ Prison Population
- ____ Partner of HIV+ person
- ____ Alcohol/Substance Abuser
- ____ Family member of HIV+

- ____ Frontline provider of HIV Prevention Services (outreach educator, counselor, etc.)
- ____ Representative of local health department
- ____ Expert in epidemiology, social and behavioral science, health planning, evaluation research. Please specify:

- ____ Provider of substance abuse services
- ____ Representative of CBO
- ____ Representative of local or state education agency.
- ____ Representative of state agency
- ____ Other, please specify:

- ____ Rural area/under represented area
- ____ Urban area

**KANSAS
HIV PREVENTION
COMMUNITY PLANNING GROUP COMMITTEE**

Nomination Form

The HIV Prevention Community Planning Group (CPG) is accepting nominations for the statewide CPG. You may submit the name of someone you recommend to serve on the Committee, or nominate yourself. Please fill in the information below as accurately and completely as possible.

Name of Nominee:

Address:

Phone: (h) _____ (w) _____

FAX: _____

e-mail: _____

1. Please describe any experience or expertise you have (through personal experiences, work, or as a volunteer) in the area of HIV/AIDS prevention and education.

2. Do you have any area(s) of specialized skills or expertise?

Yes _____ No _____

If Yes, please list:

3. Please list any community organizations, associations or groups that you are currently working with and describe the work that you do.

4. In one or two paragraphs, describe why you would like to be a member of the Community Prevention Committee and what strengths you would bring to the committee.

Two References:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Please return to:
HIV Prevention Community Planning Group
c/o KDHE HIV/STD Section