



HIV Community Advisory Board Membership Application

Dear Applicant: Thank you for your interest in becoming a member of the HIV Community Advisory Board (CAB) for Cobb & Douglas Public Health (CDPH). Before you complete the attached application, please take a few moments to read the following overview:

What is a Community Advisory Board?

A Community Advisory Board (CAB) as it relates to HIV, is a group of representatives from the communities of people living with HIV, concerned about HIV, or impacted by HIV that comes together to provide advice and guidance to the public health officials who have the responsibility of implementing HIV-related programming in a given jurisdiction. A CAB is a mechanism to ensure that HIV-related programs and initiatives center the needs and experiences of the communities of people who will benefit from them. CABs are one key mechanism of community engagement, which is vital to ending the HIV epidemic.

CAB Structure:

The time commitment for being on CDPH's HIV CAB is approximately 2.5 hours per quarter (1.5 hours for our meeting; 1 hour for miscellaneous prep outside of meetings). During the meetings, the CAB will give feedback, discuss plans, and make suggestions regarding HIV efforts. Agendas and topics will be sent out prior to each meeting. In addition to the CAB meetings, members may be asked to participate in a variety of other community meetings where they may be asked to update their fellow community members on the HIV prevention and care efforts.

Who is ELIGIBLE to become a member of the Community Advisory Board?

CAB members are those who live and/or work in Cobb or Douglas counties and who are invested in ending the HIV epidemic.

Who is INELIGIBLE to become a member of the Community Advisory Board?

- Those who do not live or work in Cobb or Douglas counties
- Paid elected officials
- State, county, and local government employees, including contracted employees

Application and Deadline:

Applications must be completed and submitted by 5 pm on Friday, July 15, 2022. We will email you with a decision by the end of the day on Friday, July 29th.

To apply to become a CDPH HIV CAB member, please complete the attached application. Send your completed application to Karrie Reed at Karrie.Reed1@dph.ga.gov. If you have any questions regarding the CAB or the application, email Karrie or call at 678-784-1083.

Section 1: Contact Information

Full Name _____ Pronouns _____

Mailing Address: _____

Phone Number _____ Email _____

Agency of Employment: _____

What languages do you speak fluently?

Section 2: Categories of Representation

The CAB is required to have participants from all sectors of the HIV epidemic. The questions below help us to determine if we are meeting our membership goals. Please check all that apply.

Gender:

- Male
- Female
- Non-binary
- Other, please describe: _____
- Prefer Not to Answer

Age:

- under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55+

Race (CHECK ALL THAT APPLY):

- Black/African American
- White/Caucasian
- Hispanic/Latino
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Other, please describe: _____

HIV Status

- Person Living with HIV
- Person without HIV
- Prefer Not to Answer

Are you transgender?

- Yes
- No
- Prefer Not to Answer

SPECIALIZED EXPERIENCE	PROVIDER OF SERVICES (Check all that apply)	CONSUMER OF SERVICES (Check all that apply)
Health-care provider, including Federally Qualified Health Centers (FQHCs)		
Federally Qualified Health Centers/ Hospitals		
Community-based organization serving affected populations/AIDS Service Organizations (ASOs)		
Social service organizations		
Housing Opportunities for Persons with AIDS (HOPWA)		
Mental health/Behavioral health services		
Substance-use/abuse services		
LGBTQIA+ services		
Local public health agency		
Impacted community member (either HIV community or underserved population community)		
State Medicaid Program		
Veteran Affairs		
Ryan White Program (Parts A, B, C, or D)		
Social Marketing		
TB, Viral Hepatitis, or STD Services		
Prevention Service Provider		
Gay, Bisexual, and other Men who have sex with men (GBMSM)		
Perinatal –Fetal and Infant Mortality Review Program		
Health Risk/Risk Reduction Education		
Epidemiology (surveillance, evaluation, etc.)		
Faith Community		
Program Evaluation		
Organizations addressing the needs of children, youth, and families with HIV		
Other Federal HIV Program, including HIV prevention programs		
Department of Corrections, Ex offender, Persons who advocate for Prisoners		
Community Leader		
Emerging Populations (seniors, African immigrants, transgendered, houseless, persons who inject drugs)		

Section 3: Special Interests and Skills

What special skills can you bring to the Community Advisory Board? Mark as many as apply:

	Leadership		Program evaluation
	Program planning		Administrative support
	Budgeting/Financial management		Needs assessment
	Research or technical training in HIV/AIDS		Quality management
	HIV medical care		Social media/Communications
	Grant writing		Other, please describe:
	Community organizing		

List all boards, committees, organizations, and planning bodies in which you have participated, particularly, those related to HIV/AIDS. Please give a brief description of responsibilities and offices held.

NAME OF BOARD/COMMITTEE/ORG/PLANNING BODY	LOCATION	START DATE	END DATE	BRIEF DESCRIPTION

Everyone has a special set of experiences and understanding. What unique perspectives or life experiences would you bring to the CAB? How would these things be useful in planning for a system of prevention and/or care for those at increased risk of HIV infection and for people living with HIV/AIDS?

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

(Optional) Feel free to attach your most recent resume.