

Thank you for your interest in community planning! Membership on the CCC rewarding experience. Applications for CCCHAP are accepted throughout the year and are kept on file for one year. New members are elected as needed. The responses you provide on this form are public information. This volunteer position will require your attendance at the following:

- ♦ **New member orientation (4 – 8 hours)**
- ♦ **CCCHAP meetings two to three times a year; each meeting lasts for two consecutive 8-hour days**
- ♦ **Membership and Training Committee meetings as needed**

Members requiring reimbursement or stipends will need to provide their social security number and street mailing address.

Completing this form will help the Membership and Training Committee assess the qualifications of applicants, and aid in their ability to make nominations for membership. Once your application has been reviewed, a member of the committee will call you to explain the nominations process including representation gaps. Feel free to add additional pages as necessary, but please recognize you will have an opportunity to expand upon your answers during a possible interview.

If you need assistance, including disability, completing this form contact 651-201-4029 or 651-201-5797 (TTY).

Your Name:			
Agency Name (if applicable):			
Street Address (please enter the address where you prefer to receive CCCHAP correspondence):			
City:	State:	Zip:	
Work Phone:	Home Phone:	Cell Phone:	Fax:
E-mail Address (please indicate if your email address can be used for CCCHAP correspondence): Yes <input type="checkbox"/> No <input type="checkbox"/> E-mail Address:			
The best time to contact me is:		The best way to contact me is:	

Please check all that apply:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____	Sexual Orientation <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Other: _____	Age <input type="checkbox"/> Under 13 <input type="checkbox"/> 13 – 19 <input type="checkbox"/> 20 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 or older	Area of Experience/Expertise <input type="checkbox"/> Community Representative <input type="checkbox"/> Service Provider <input type="checkbox"/> Community Organizing <input type="checkbox"/> Behavioral/Social Science <input type="checkbox"/> Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Corrections
Race/Ethnicity/Country of Birth What race(s)/ethnicity(s) do you identify as? _____ Country of Birth _____		Former or Current IDU * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	HIV Status <input type="checkbox"/> I am living with HIV/AIDS <input type="checkbox"/> I am HIV negative (HIV-) <input type="checkbox"/> I do not know my HIV status <input type="checkbox"/> I do not wish to reveal my HIV status
Advocacy Which community(ies) are you an advocate for and/or have experience working with? _____			

*WE VALUE REALNESS, INTEGRITY, RESPECT, DIVERSITY, PASSION,
 COLLABORATION, FAITH/TRUST, SERVICE*

What do you know about CCCHAP and why do you want to become a CCCHAP member?

How knowledgeable are you about HIV transmission? How has HIV/AIDS affected you?

Please share your background as it relates to public health and/or community planning. Examples may be based on life, professional, volunteer, or educational experiences.

What skills and/or resources can you offer to the CCCHAP?

I understand that the information I have provided on this form is public information. By signing this application, I authorize the Minnesota Department of Health (MDH) to provide this information to reviewers and others as requested.

Signature of Applicant

Date

Please send this application to: Minnesota Department of Health, STD and HIV Section, PO Box 64975, St. Paul, MN 55164-0975, Attention: Ruth Dauffenbach-Kotrba or Fax to 651-201-4000. (email: ruth.dauffenbach-kotrba@state.mn.us)

CCCHAP Website: <http://www.health.state.mn.us/divs/idepc/diseases/hiv/taskforce/index.html>