

**WASHINGTON STATE HIV PREVENTION PLANNING GROUP
AT-LARGE MEMBERSHIP APPLICATION**
(Updated April, 2008)

Please fill out this application form as completely as possible and mail to:

**Justin Hahn, HIV Prevention Planner
Department of Health,
PO Box 47840
Olympia, WA 98504-7840**

You may also return this application via email to: justin.hahn@doh.wa.gov . If you have questions, call Justin Hahn at (360) 236-3466. For more information on Washington State HIV Prevention Community Planning please visit: http://www.doh.wa.gov/cfh/hiv_aids/Prev_Edu/hiv_comm_plan.htm

The SPG is specifically recruiting new members who represent the following populations most at risk for acquiring and/or transmitting HIV in Washington State. (It is not a requirement to represent any of the following populations to apply for at-large membership).

- 1) **Black men who have sex with men (MSM), who may also have sex with women**
- 2) **Hispanic MSM, who may also have sex with women**
- 3) **Women under the age of 30 who have sexual partners at high risk for HIV infection**
- 4) **Youth under age 24**

Please list by number, the populations identified in the list above that you believe you can effectively represent on the SPG: _____

YOUR NAME _____

ADDRESS: _____

Daytime phone: _____ Evening phone: _____
(Please circle one number if you have a preference)

OCCUPATION _____ Email Address: _____

Briefly describe your 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 on the State Planning Group?

Are you currently participating on the regional planning group in the region in which you reside? If not, why?

The at-large members of the SPG provide ethnic, racial, infected/affected and expert balance to the SPG. Please state what experience, skills or other strengths you would bring to the SPG.

Please provide any additional comments below or on an attached, separate page.

EDUCATIONAL/TRAINING:

Institutions, Locations, Degrees (if applicable), Year(s) of Attendance, Field of Study

PROFESSIONAL POSITIONS:

Dates Position, Organization, Department/Research Focus, Department Head
--

COMMUNITY INVOLVEMENT AND PROFESSIONAL AFFILIATIONS:

Date	Title	Location
------	-------	----------

ADVISORY COMMITTEES: