

HIV POSITIVE SPEAKERS PROGRAM: SPEAKER ROLES AND RESPONSIBILITIES

Speakers are asked to present the parts of their life stories that reach educational goals. By telling **their story** of HIV risk and infection, they break down stereotypes, help students realize that anybody is vulnerable to infection, increase a young person's perception of risk and his or her belief that HIV is preventable.

GOALS

After this session, students will be able to:

- *Distinguish myth from fact (that HIV can infect anyone who engages in risk behavior; that HIV infection is not visible, etc.)*
- *Recognize that they, too, are vulnerable to infection*
- *Identify attitudes associated with risk behavior*
- *Feel motivated to practice abstinence or safe sexual behaviors*
- *Replace irrational fear of those infected with HIV with positive and compassionate responses*
- *Intervene when confronted with prejudice about HIV infection*

Speakers *are not responsible* for giving information about HIV transmission, prevention, medications, disease specifics, etc. (Just because they are living with HIV it does not mean they know all the specifics.) They *are not responsible* for referring students into services, supporting students individually in any way or speaking for the "group" of HIV-infected individuals. They are not allowed to give advice or their opinions. Their job is tell **their story** of HIV risk, infection and survival in a way that illustrates how risky attitudes and behaviors can lead to HIV.

SPEAKER RESPONSIBILITIES:

- Return calls from CHL in a prompt and timely manner in order to make scheduling efficient.
- Get to the speaking site on time. Speakers should be at the meeting place 15 minutes prior to the start of class. Directions and/or contact information will be provided. The speaker is expected to arrange his or her own transportation.
- Contact CHL and the teacher 48 hours in advance if canceling for reasons other than illness. In the event of illness, contact the teacher as soon as possible.
- Tell the parts of one's story that meet the educational goals and are adapted to the time frame and student characteristics.
- Conduct oneself in a professional manner at all schools and engagements, which includes wearing appropriate attire and using appropriate language.
- Fill out the evaluation after the program and return it to CHL. (You will be reimbursed for your speaking engagement when CHL receives this form.)

- If in recovery from a substance addiction, speaker must have been sober for at least one year prior to participation in this program and remain sober and active in recovery.
- Participate in the required training.

SPEAKERS MAY NOT:

- Share personal contact information with any student associated with a speaking engagement;
- Answer any letters from students that are given to them through a speaking engagement;
- Give opinions or comments that make assumptions too broad;
- Breach the confidentiality of a student who discloses any personal information in the group or individual setting or mentions people's names in a classroom. If, however, a student discloses intention to harm self or others, this information must be reported to the teacher.

EVALUATION

Evaluations of the speaker engagement are provided to CHL by both the teacher and the speaker. The purpose of the evaluation, which will include student assessment, is to provide information that can be used for future program improvement. It is utilized to recognize accomplishments, areas of growth, areas of need and to provide an opportunity for constructive feedback. CHL, when given feedback about a speaker from a teacher and students, will forward that information to the support contact identified by the speaker.

SUSPENSION FROM THE PROGRAM OCCURS WHEN THE SPEAKER:

- Fails to appear at a speaking engagement without prior notification;
- Is late to two or more classes;
- Exhibits inappropriate behavior (see above);
- Attracts suspicion or confirmation of current illegal drug use or shows up under the influence of any drug or alcohol.

Signature of Speaker _____ Date _____

Signature of Trainer _____ Date _____

Please submit this form by: email at info@healthandlearning.org or by fax at (802) 254-5816 or mail to Center for Health and Learning 28 Vernon St. Suite 319 Brattleboro, VT 05301