

**Get involved in helping prevent the spread of HIV/AIDS and provide ideas for prevention and care services while making a real difference in the health of your community;
Join the Vermont HIV/AIDS Community Advisory Group today.**

The Community Advisory Group is a public entity that works in conjunction with the Vermont Department of Health

As you complete this application, some points you should know:

- The Vermont HIV/AIDS Community Advisory Group (otherwise known as the Vermont CAG) is a group of concerned community members who examine Vermont's HIV prevention and HIV/AIDS service needs on an ongoing basis. The Mission Statement of the CAG is "to promote effective HIV Care and Prevention Programs in the state of Vermont". The Purpose is: "The CAG acts in an advisory capacity to the Vermont Department of Health HIV/AIDS/STD/HEP C Program on issues of HIV/AIDS prevention and care".
- The CAG is comprised of two main committees, a Prevention committee and a Services/Care committee with ad hoc sub-committees as determined by the group. They help determine how HIV/AIDS prevention and service/care programs are designed and funded in Vermont.
- The entire CAG meets once every other month in a central Vermont location. Current meetings are scheduled for the last Tuesday of the month from 1:00 – 5:00 p.m. The main and sub-committees of the CAG will meet on opposite months, usually by teleconference calls. (Members are asked to serve on at least one committee, which meet between the bi-monthly meetings – often by conference call). There is a stipend and travel reimbursement available for members who are not participating as part of their regular job. **Most members can expect to invest 8-10 hours per month.**
- The CAG reflects the diverse communities that are most impacted by HIV/AIDS. If you identify with, or are allied with, one or more of these and want to get involved, please consider joining the Vermont HIV/AIDS Community Advisory Group. Share your knowledge, expertise and/or life experience. You will learn a lot, meet some great people, and most importantly, help to improve HIV/AIDS prevention and care services in Vermont. **Bring your voice to the CAG – please apply now!**
- Every effort will be made to keep information shared by applicants and participants in the Community Advisory application process confidential. Since the CAG is a public entity, some CAG documents may be made available as public records (including names, but not contact information or personal information, of members). Efforts are made to protect the identities of individual participants where possible. **PLEASE NOTE: Completed applications are reviewed by CAG members only, and not shared with the public at large.**
- Please take a few minutes to review this application before filling it out. **If you need assistance to complete this** or need it translated into another language please contact VDH at 800/882.2437. Please print or type (preferred) your responses or print clearly. If you need extra space, please label attached pages with question numbers.

Vermont HIV Community Advisory Group (CAG) - Application for Membership

Application # _____

- **Applications will be reviewed by the CAG membership committee and should be received by _____.** Review of these applications is treated with the utmost respect; there are specific rules and procedures the group follows to reach consensus about who should serve on the CAG. We will notify you by mail by _____ to let you know if your application has been accepted to become a CAG member. If you have questions or disagree with the outcome of your application, please contact Dr. Michelle Force at VDH for information on how the Membership Committee reviewed your application.

Please return your application to:

Michelle Force, Ph.D.

Vermont Department of Health

108 Cherry Street, Drawer 41 – HAST

Post Office Box 70

Burlington, VT 05402-0070

Application Section 1: Representation

The Vermont CAG is made up of people from the communities most affected by HIV/AIDS and those who are active in helping stopping the spread of HIV and ensure services are available. We seek members who offer a variety of experiences and expertise, including direct life experience. **In order to assemble a group that reflects this diversity, we ask that you indicate areas with which you identify personally and/or feel comfortable representing in the following questions:**

1) How would you summarize your involvement, experience with, or knowledge of the issues faced by individuals or groups at increased risk of HIV infection, or people living with HIV and AIDS? (This could include personal or professional experience – examples could include but are not limited to being a man who has sex with men, having worked with injection drug users, being HIV positive or having a family member living with HIV/AIDS, or volunteering in correctional settings or a homeless shelter.)

2) The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) require the Vermont CAG to report on the basic demographic information of its members. This information also helps the group better reflect the diverse HIV prevention needs of Vermonters at increased risk. To the extent you are comfortable, please share the following:

Please list your gender: _____

Please list your race or ethnicity: _____

Please list your age: _____

Please provide your HIV status _____

Application Section 2: Why are you applying?

3) Why do you want to serve on the Vermont CAG

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4) What strengths, skills or other qualities would you bring to the advisory group?

5) Please describe your former or present level of community involvement or activism (HIV/AIDS- or non-HIV/AIDS specific) (List professional, personal and community membership and activities (*volunteer or paid*) which you would like to have considered that you think have helped prepare you to contribute to the work of the CAG (e.g., board member, hotline volunteer, fundraiser, etc.).

6) Please mark which of the following priority populations you feel you personally or professionally identify with or represent (more than one is okay) (The populations listed here have been identified by the CAG, and include all ethnicities)

HIV positive persons _____

MSM _____

IDU _____

Youth _____

Other (please specify) _____

7) What do you believe are the HIV/AIDS related services needs of the geographic and/or cultural community(ies) you represent?

8) Please describe anything else you would like to share with us about your self or your experiences.

Application Section 3: Potential Conflicts of Interest

On the first page of this application, points were outlined about the CAG's involvement in determining HIV/AIDS prevention and services funding and priorities in Vermont. The Vermont CAG is not directly involved in overseeing how HIV/AIDS prevention and services funds are spent; the role of the CAG is primarily advisory to the Vermont Department of Health. However, because decisions made by the CAG impact the priority given to various prevention programs, it is very important to avoid conflicts of interest. Members of CAG who have a financial interest in any decision being discussed must reveal their interest to the group and abstain from voting on the specific issue. A person has a financial interest when they are an employee, volunteer, or board member of an organization that could receive funds as a result of a decision made by CAG, or if they access services offered by an organization.

9) Please disclose any potential conflicts of interest that you have or are aware of that might enter into the decision making process of the CAG. This could include your present or former employer, a volunteer or paid position you have, or involvement with an organization through which you access HIV/AIDS related programming.

Application Section 4: References

Please ask two people who know you to serve as a reference on your behalf. We will contact these references by phone to talk briefly (5-10 minutes) about what experiences you would bring to the CAG, and how your involvement will benefit HIV/AIDS prevention and services planning in Vermont.

Reference #1: _____ Phone number: _____

Relationship to you (or job title): _____

Reference #2: _____ Phone number: _____

Relationship to you (or job title): _____

Application Section 5: Understanding the CAG and how we can contact you

Please read each of the following. Check each box to indicate that you understand and sign below. If you have any questions, please call Dr. Michelle Force at the Vermont Department of Health 1-800-882-2437.

I am able to offer 8-10 hours per month to meet the demands of CAG membership that include bi-monthly CAG meetings, main and sub-committee work groups, and travel within Vermont.

I am able to attend a **full-day new member orientation**; date and location TBA.

I give permission to share the information in this application with the Membership Committee. **This application information will remain confidential.**

The section below will be removed during review process

Application # _____

CONTACT INFORMATION (to contact you for follow up or clarifying information):

Name: _____

Address: _____

County: _____ E-mail: _____

Day Phone: _____ Evening Phone: _____

Signature _____ Date _____

PLEASE MAKE SURE YOU HAVE CAREFULLY READ AND FILLED OUT ALL QUESTIONS.