

COMMONWEALTH OF KENTUCKY
INFORMATION FOR BOARDS AND COMMISSIONS

Return Completed Form To:
KHPAC Chair
HIV/AIDS Branch
275 E. Main St., HS2EC
Frankfort, KY 40621
(FAX 502/564-9865)

Please indicate Boards/Commissions you wish to consider

**Kentucky HIV/AIDS Planning and Advisory Council
(KHPAC)**

Please submit a current resume with the application

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District	* Supreme Court District
Home Address	City	State	Zip	
Date of Birth <u>and</u> Social Security Number		*Party Affiliation: Dem. Rep. Ind. (Underline one)		Race & Gender
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number	
Email Address			Mobile Number	
Current Employer	Business Address			
Spouse's Name	Spouse's Employer			

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

By signing below, I understand the Governor's Office may conduct a complete check on my background and do hereby authorize such an investigation.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

***Necessary for certain boards to comply with state law in regard to balance**

DATE: _____ SIGNATURE: _____

Kentucky HIV/AIDS Planning and Advisory Council
Membership Application Form
(Please print clearly)

Name: _____

Address: _____

Phone (Home/Cell): _____ / _____

Office phone/Fax: _____

E-Mail: _____

Demographics Please check the demographic groups with which you identify.

1. Age

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 19 – 24 | <input type="checkbox"/> 35 – 44 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 45+ |

2. Gender

- | | |
|---|--|
| <input type="checkbox"/> Female/Woman | <input type="checkbox"/> Male/Man |
| <input type="checkbox"/> Transgender Feminine | <input type="checkbox"/> Transgender Masculine |
| <input type="checkbox"/> Other _____ | |

3. Sexual Orientation

- | | | |
|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other (Please Specify) _____ | |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> No Response | |

4. Ethnicity

- ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

5. Race (Choose more than one if applicable)

- ☐ Black or African-American ☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ White or European-American ☐ No Response

Professional Training and Experience

Please check all that apply.

- ☐ If none of these apply, please list your experience below
☐ Behavioral or Social Science
☐ Health Planning or Administration
☐ Program evaluation
☐ Epidemiology
☐ Intervention Specialist
☐ Policy or Legislation
☐ HIV Counseling and Testing

Agency/Organization Affiliation

Please check all that apply and list the name

- ☐ Non-Agency/Community Representative _____
- ☐ HIV Care and Social Service _____
- ☐ Minority Board CBO _____
- ☐ Non-Minority Board CBO _____
- ☐ Faith Community _____
- ☐ Local Health Department _____
- ☐ Academic Institution/Research Center _____
- ☐ Other Non-Profit _____
- ☐ Business and Labor _____
- ☐ Substance Abuse Services _____
- ☐ Mental Health Services _____
- ☐ Homeless Services _____
- ☐ Legal _____
- ☐ State/Local Education Agencies _____
- ☐ Other _____

Risk populations (check ALL that apply to you personally)

Please indicate populations whose perspectives you represent through personal life experience (past or present).

- ☐ Men who have sex with men (MSM)
- ☐ High-risk heterosexual
- ☐ Injecting drug user (IDU)
- ☐ Not a part of a specific population at risk for HIV

HIV Status (Optional)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> HIV + | <input type="checkbox"/> HIV – |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Decline to State |

Life experience

Please check all of the following groups that describe you personally and/or whose perspective you could represent (past or present):

- ☐ Commercial sex work
- ☐ Homelessness
- ☐ Domestic violence
- ☐ Incarceration
- ☐ Rape/Sexual Abuse
- ☐ History of Substance use
- ☐ History of STDs
- ☐ Partner or family member of a person living with HIV/AIDS (PLWHA)
- ☐ History of tuberculosis
- ☐ Other (Please specify) _____

Additional Information

Please list any additional information that you think may be helpful in reviewing your application.