COMMONWEALTH OF KENTUCKY INFORMATION FOR BOARDS AND COMMISSIONS

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Please indicate Boards/Commissions you wish to consider

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

KHPAC Chair HIV/AIDS Section

275 E. Main St., HS2EC

Frankfort, KY 40621 (FAX 502/564-9865)

# 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 and ^Social Security Number  MM/DD/YYYY XXXX | | | \*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. |  | | | |
|  | | | |
|  | | | |

# 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; ^Necessary to complete background check.**

DATE: SIGNATURE:

# Kentucky HIV/AIDS Planning and Advisory Council Membership Application Form

(Please print clearly, for KHPAC Use only )

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | | **Middle Name** | | **Last Name** | |
| **Current Street Address** | | | | | |
| **City** | **County** | | | **State** | **Zip Code** |
| **Phone check here for preferred method of contact** | | | Email  **check here for preferred method of contact** | | |

A goal of KHPAC is to have KHPAC membership represent the demographics of HIV disease in Kentucky. As you are comfortable, please complete the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sex Assigned at Birth**  Male Female Unknown | | | | **Country of Birth**  US Unknown Other/US dependency (please specify) |
| **Date of Birth** | | | **Age** □ 19 – 24 □ 25 – 34 □ 35 – 44 □ 45+ | |
| **Current Gender Identity** | | Male Female Transgender male-to-female (MTF) Transgender female-to-male (FTM) Unknown  Additional gender identity (specify) | | |
| **Ethnicity** | Hispanic/Latino Not Hispanic/Latino Unknown | | | |
| **Race**  **(Check all that apply)** | | American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White  Unknown | | |

KHPAC strives to represent all facets of HIV disease in Kentucky and to be as inclusive as possible while protecting a person’s private information. KHPAC would like to have its membership represent the following professional and social affiliations, life experiences, and identities. There are 39 areas. Please review this list. At the bottom of the list, please complete the attestation for the total number of groups which you can identify with and/or represent as part of your activity with KHPAC.

* Care coordinators, social workers
* Commercial sex work
* Dentists and dental support staff
* Domestic violence
* Fairness organization representative
* Health advocacy groups
* History of sexually transmitted infections
* History of substance use
* History of Tuberculosis (TB) or a partner/friend/family member of a person diagnosed with TB
* Experienced homelessness, worked in homeless services
* Hospital representatives
* HIV education, testing and counseling
* Experienced incarceration, worked in penal system
* Immigration experts
* Kentucky Primary Care Association
* Local lawmakers
* Member of high-risk populations
* Mental health providers
* Nursing home representatives
* Partner/friend/family member of a person diagnosed with HIV disease or AIDS
* People with HIV/AIDS
* Persons who identify as Transgender
* Persons who identify as Bisexual
* Persons who identify as Heterosexual
* Persons who identify as Men who have sex with Men, Gay, Same Gender Loving
* Persons who identify themselves on the LGBTQ+
* Persons who use needles
* Persons with active addiction
* Pharmaceutical company representatives As of July 13, 2021
* Pharmacists
* Physicians and medical support staff
* Prevention/outreach workers
* Rape/sexual abuse
* Religious leaders
* Representatives of African American/Latino community
* Substance abuse treatment providers
* Teachers, school counselors, school boards, parent-teacher associations, and representatives from the department of education
* University representatives/researchers
* Volunteers who work with HIV/AIDS service organizations

I attest that I identify/have experience with \_\_\_\_\_\_ of the 39 groups listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

*Signature Date*