

Boards and Commissions Application

Board

Board/Commission:	KY HIV/AIDS Planning and Advisory Council
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Demographics

Title (Mr. Ms. Mrs.)	
First Name	
Middle Init.	
Last Name	
Address	
City	
State	
Zip Code	
County	
Congressional District	
Resident Phone	
Mobile Phone	
Email Address	
Birth Date (mm/dd/yyyy)	
Current Employer	
Occupation	
Business Address	
Business City	
Business State	
Business Zip Code	
Business Phone	
Business Fax	
Spouse's Name	
Spouse's Employer	
This information below is necessary for certain boards in regard to racial and/or political balance. These elements are defined by statute for each board.	
Party Affiliation	Democrat Independent Republican
Ethnicity	Am. Ind/AK Native Asian Black/Afr.Am Native HI/PI White

Education and General Qualifications

Did you Graduate High School?	Yes	No
High School		
No. Years Attended HS		
Did you attend College?	Yes	No
Name of College/Other		
Major Course of study		
Minor Course of Study (option)		
No. Years Attended		
Did you Graduate from College with a degree?	Yes	No
Include memberships and positions in organizations or political parties. Indicate any public office held.		
Membership in Organization 1		
Membership in Organization 2		
Membership in Organization 3		
Have you ever been convicted of a Felony?	Yes	No
If yes then Comment		

References

Reference Name 1	
Reference Address 1	
Reference Phone Number 1	
Reference Years Acquainted 1	
Reference Name 2	
Reference Address 2	
Reference Phone Number 2	
Reference Years Acquainted 2	

Verification

I attest that the information provided above is accurate as submitted. Yes No

Submit completed form to:

KHPAC
HIV/AIDS Branch
275 E. Main Street, HS2EC
Frankfort, KY 60621