WYOMING COMPREHENSIVE CARE AND PREVENTION PLANNING ALLIANCE
APPLICATION FOR MEMBERSHIP

All information contained on this application is confidential and will not be available to the general public.

LAST NAME:	**FIRST NAME:**
ADDRESS:	

CITY:	**COUNTY:**	**ZIP CODE:**
TELEPHONE NUMBER:	**EMAIL ADDRESS:**	

SEX:
- □ Male
- □ Female
- □ Transgender
- □ Other

ETHNICITY:
- □ Hispanic / Latino(a)
- □ Non-Hispanic
- □ Unknown

RACE:
- □ White / Caucasian
- □ Black / African-American
- □ Asian
- □ Native Hawaiian / Pacific Islander
- □ American Indian / Alaska Native
- □ More than one race
- □ Unknown

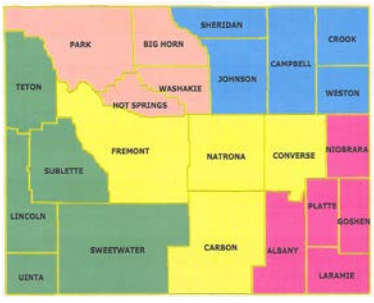
YOUR AGE GROUP:
- □ Less than 19
- □ 20 - 24
- □ 25 - 29
- □ 30 - 39
- □ 40 - 49
- □ 50 - 59
- □ 60 and above

ARE YOU THE CURRENT OR FORMER CARETAKER, SUPPORT PERSON, SPOUSE, PARTNER, OR FAMILY MEMBER OF A PERSON WITH HIV/AIDS OR HEPATITIS?
- □ Yes □ No

PLEASE INDICATE IF YOU ARE WILLING TO IDENTIFY YOURSELF AS A MEMBER OF ANY OF THE FOLLOWING GROUPS (check all that apply):
- □ HIV +
- □ Hepatitis C +
- □ Man who has sex with men (MSM)
- □ Current or former injecting drug user (IDU)
- □ Heterosexual at increased risk for HIV infection
- □ None of these apply to me

PLEASE INDICATE IF YOU ARE CURRENTLY EMPLOYED IN OR OTHERWISE HAVE TECHNICAL EXPERTISE, TRAINING, OR EXPERIENCE IN ANY OF THE FOLLOWING AREAS (check all that apply):
- □ Behavioral Science / Mental Health
- □ Clergy / Faith-based Organizations
- □ Community Based Nursing / Public Health Nursing
- □ Law Enforcement / Corrections / Criminal Justice
- □ Sexually Transmitted Infections (STIs)
- □ Ryan White Part C Early Intervention Services
- □ Ryan White and/or HOPWA Case Management
- □ Substance Abuse / Chemical Dependency
- □ Title X Family Planning Clinics
- □ Wyoming Department of Education

TO ENSURE REPRESENTATION FROM ALL AREAS OF WYOMING, THE ALLIANCE IS DIVIDED INTO FIVE GEOGRAPHIC REGIONS. IN WHICH OF THE FOLLOWING GEOGRAPHIC REGIONS DO YOU RESIDE?
- □ SOUTHEAST (Albany, Goshen, Laramie, Niobrara, Platte)
- □ CENTRAL (Carbon, Converse, Fremont, Natrona)
- □ NORTHEAST (Campbell, Crook, Johnson, Sheridan, Weston)
- □ NORTHWEST (Big Horn, Hot Springs, Park, Washakie)
- □ WEST (Lincoln, Sublette, Sweetwater, Teton, Uinta)



- CONTINUED ON REVERSE -

Please explain briefly why you are interested in participation on the Care and Prevention Planning Alliance. Be sure to tell us about any significant experience you have with HIV, AIDS, Hepatitis, and/or STIs as well as partnerships and linkages you have in your community/communities that you feel would benefit from your participation in CAPPA. Please also tell us about any significant technical expertise you have that you feel would be a benefit to CAPPA. You may attach a separate sheet if necessary.

The Wyoming Comprehensive Care and Prevention Planning Alliance is actively committed to diversity, parity, inclusion, and representation in recruitment and membership on the board. All applicants, voting members, task force members, and staff have the right to be treated at all times with respect, dignity, consideration, and compassion. In addition, CAPPA does not tolerate discrimination against any person on the basis of age, race, color, ethnicity, sex, gender identity, gender expression, sexual orientation, religion, class, socioeconomic status, or physical or mental ability. All voting members, task force members, and staff are fully expected to conduct themselves in accordance with these policies.

All voting members of the Wyoming Comprehensive Care and Prevention Planning Alliance are selected to fill vacancies based on the current membership matrix. Each of the 28 voting positions on the board is representative of a specific risk group, geographic region, other population, or possesses significant technical expertise that CAPPA values in the fulfillment of its mission and vision.

The Membership Committee, in its sole discretion, may use a confidential scoring system to aid them in identifying the most appropriate persons to serve on the board from all applications received. The score assigned to this or any application is only one factor that will be used by the Membership Committee in making their recommendation to CAPPA. With the exception of those persons serving on the Membership Committee, no other members of CAPPA, the Wyoming Department of Health, the general public, nor you as the Applicant will have access to the score, if any, that was assigned to this application.

All members are elected for terms of two years. Each member is responsible for regular attendance at all scheduled meetings of CAPPA. Meetings are typically three to four times per year at various locations around the state of Wyoming. Meetings generally last 1½ days, beginning on Friday afternoon and Saturday evening. The times, dates, and locations of all meetings are provided to members at least thirty days in advance. Any member who misses two or more meetings in a one year period without prior notice may be removed from CAPPA in accordance with the Bylaws, policies, and procedures.

Each member of CAPPA is required to actively participate on one Standing Committee in addition to the general work of CAPPA. It may also be necessary to conduct telephone conference calls and other Committee business outside of the regularly scheduled meetings of CAPPA.

SIGNED: _____ DATE: _____

Please mail this completed form to:
CARE AND PREVENTION PLANNING ALLIANCE
COMMUNICABLE DISEASE UNIT
WYOMING DEPARTMENT OF HEALTH
6101 YELLOWSTONE ROAD, SUITE 510
CHEYENNE, WY 82002
If you have any questions or need assistance, please call (307) 777-7529.