Thank you for applying to be considered for membership in CAPPA. All information contained on this application is confidential and will not be available to the general public

**LAST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CITY/COUNTY/ZIP CODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRONOUNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CAPPA is actively committed to diversity, parity, inclusion, and representation in recruitment and membership. 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.

The Membership Committee, in its sole discretion, may use a confidential scoring system to assist in identifying the most appropriate persons to serve 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 decision of acceptance to CAPPA. With the exception of those persons serving on the Membership Committee, no other members of CAPPA, the WDH, the general public, nor you as the Applicant will have access to the score, if any, that was assigned to this application.

All voting members of CAPPA are selected to fill vacancies based on the current membership matrix. Once your application is received at the Wyoming Department of Health (Communicable Disease Unit Manager), the application will be forwarded to the Membership Committee Chair. Review and decision will be made by the Membership Committee. Applicant will be invited to attend the next available CAPPA meeting as a guest, at which time, the Membership Committee will meet to make its decision to CAPPA members present. If applicant is offered acceptance as a CAPPA member and accepts the offer, applicant’s membership will become effective at the meeting. Assignment to positions on the matrix and a mentor will be made at the same meeting or immediately following via correspondence from the Membership Committee Chair.

**Please indicate which category you would be *able OR willing* to represent as a member of CAPPA.** *Check all that apply.*

HIV Service Provider:

\_\_\_\_\_ Prevention \_\_\_\_\_ Care \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Service Provider (Primary Care, Mental Health, Hepatitis, Social Services, etc):

\_\_\_\_\_ Prevention \_\_\_\_\_ Care \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Consumer (Person Living with HIV/AIDS and/or Hepatitis C)

Community Member:

\_\_\_\_\_ Faith-Based \_\_\_\_\_ Family/Friend of Consumer \_\_\_\_\_Business Owner/Mgr

\_\_\_\_\_ Member of Community or Group Disproportionately Impacted by HIV/AIDS or Viral Hepatitis

\_\_\_\_\_ Other: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which special skills, areas of expertise, or life experiences you would/could bring to CAPPA.** *Check all that apply.*

I have skills or experience with:

\_\_\_\_\_ Advocacy/Awareness Building \_\_\_\_\_ Advisory/Planning Bodies

\_\_\_\_\_ Community Organizing \_\_\_\_\_ Legal/Financial Services

\_\_\_\_\_ Research and Evaluation \_\_\_\_\_ Substance Abuse Services

\_\_\_\_\_ Epidemiology \_\_\_\_\_ Housing Services

\_\_\_\_\_ Public Health Administration \_\_\_\_\_Case Management Services

\_\_\_\_\_ Agency Administration \_\_\_\_\_ Academic/Education

\_\_\_\_\_ Health Education/Public Info. \_\_\_\_\_ Primary Health Services

\_\_\_\_\_ Individual/Group HIV Prevention Services \_\_\_\_\_ Sexually Transmitted Disease Services

\_\_\_\_\_ Social Media/Marketing \_\_\_\_\_ Viral Hepatitis Services

\_\_\_\_\_ HIV Outreach/Field Work Services \_\_\_\_\_ Holistic Health Services

\_\_\_\_\_ HIV Counseling/Testing Services \_\_\_\_\_ Mental Health Services

\_\_\_\_\_ Behavioral/Social Science \_\_\_\_\_ Dental Health Services

\_\_\_\_\_ Faith-Based Communities \_\_\_\_\_ Family Planning Services

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personal or professional expertise regarding these populations:

\_\_\_\_\_ Injection Drug Users \_\_\_\_\_ Homeless

\_\_\_\_\_ Non-Injection Drug Users \_\_\_\_\_ Transgender Individuals

\_\_\_\_\_ Heterosexuals \_\_\_\_\_ Youth (ages 13 – 24)

\_\_\_\_\_ People Living with HIV/AIDS *\_\_\_\_\_* Survivors of Domestic/Sexual Violence

\_\_\_\_\_ People Living with Hepatitis C \_\_\_\_\_ Immigrants/Refugees

\_\_\_\_\_ People with Past/Present STI \_\_\_\_\_ Communities of Color

\_\_\_\_\_ People Living with Mental Illness \_\_\_\_\_ Inmates/Ex-Offenders

\_\_\_\_\_ People Who Are/Have Been Sex Workers \_\_\_\_\_ Seasonal/Migrant Workers

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other skills, experiences, or expertise:*

**Please tell us reason/s you would like to be a CAPPA member:**

*Revised: 11/2022*