

**LOS ANGELES COUNTY  
HIV PREVENTION PLANNING COMMITTEE  
Membership Application**

**INSTRUCTIONS & BACKGROUND**

Consistent with the mandate of the Centers for Disease Control and Prevention (CDC), the Los Angeles County HIV Prevention Planning Committee (PPC), in partnership with the Division of HIV and STD Programs (DHSP), identifies and supports methods and programs that are effective in preventing the transmission of HIV. The PPC engages in an ongoing process to develop and update a comprehensive HIV prevention plan for the diverse populations of Los Angeles County.

PPC members must commit a minimum of eight hours per month to PPC-related activities including subcommittees, adhoc, special meetings and annual planning meetings. Members can serve no more than three consecutive two-year terms, and are selected for their expertise and experience in HIV prevention, planning, and other relevant skills, as well as to meet the CDC's mandate that the demographic composition of the PPC reflect the local epidemic. Applicants may not be selected for any number of reasons, including the PPC's demographic needs at the time. The PPC retains applications for one year and reviews all applications whenever new vacancies arise. The PPC encourages interested applicants to reapply when their applications expire. If you are interested in becoming a PPC member, please complete this application and return it, along with your resume, to the address or email below. The PPC encourages all applicants to thoroughly review their applications and resumes before submission, as incomplete applications will not be considered.

**Return your PPC application by email to  
[ppc@ph.lacounty.gov](mailto:ppc@ph.lacounty.gov)  
or by mail in an envelope marked "CONFIDENTIAL" to  
Division of HIV and STD Programs  
Office of Planning – PPC Unit  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, California 90005**

Questions about this application can be forwarded to PPC@ph.lacounty.gov or to Elizabeth Escobedo at (213) 351.8093.

**PART I: CONTACT INFORMATION & SIGNATURE**

*The Name, Agency/Affiliation, Mailing Address, Work Phone, Fax Number, and Email Address (if any) for each PPC member is public information and displayed on the PPC Roster distributed at every monthly PPC meeting. All other information requested as part of the application process will be kept CONFIDENTIAL...*

**Name** \_\_\_\_\_

**Agency/Affiliation** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Work Phone** \_\_\_\_\_

**FAX Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

## PART II: DEMOGRAPHIC INFORMATION

The PPC uses the following information to ensure parity, inclusion, and representation on the PPC, and to ensure that the demographic composition of the PPC reflects the demographic composition of the local epidemic.

### GENDER

- Female
- Male
- Transgender (female to male)
- Transgender (male to female)

DATE OF BIRTH: \_\_\_\_\_

### SEXUAL ORIENTATION

- Bisexual
- Gay
- Heterosexual
- Lesbian

### SEROSTATUS

- HIV-Negative
- HIV-Positive
- Unknown
- Undeclared

### ZIP CODE

That You Live In: \_\_\_\_\_

That You Work In: \_\_\_\_\_

### SPA

That You Live In: \_\_\_\_\_

That You Work In: \_\_\_\_\_

### RACE / ETHNICITY

- African-American/Black (Not Hispanic)
- Asian-American
- Latino/a
- Native American Indian/Alaskan Native
- Pacific Islander
- White (Not Hispanic)
- Other (*Specify*): \_\_\_\_\_

### CULTURAL BACKGROUND

*If different from your indicated Race/Ethnicity:*

\_\_\_\_\_

### LANGUAGE

*Other than English, please list languages known and use circles to indicate if you speak (S), read (R), or write (W) the language:*

- English Only
- S  R  W \_\_\_\_\_
- S  R  W \_\_\_\_\_
- S  R  W \_\_\_\_\_

### PRIORITY POPULATION ASSOCIATION - With which Priority Population do you identify as:

- HIV Positive Individuals
- Youth
- Men
- Women
- Transgender Individuals
- People Who Share Needles/Works
- None

Which of the following critical target populations and contributing co-factors are you most knowledgeable about/work with? Check all that apply.

#### CRITICAL TARGET POPULATIONS

- Gay Men
- Non-Gay Identified men who have sex with men/transgenders/multiple genders
- Transgender
- Women at Risk for Transmitting HIV
- Sex Workers
- Young women who have sex with partners of unknown status/risk and/or in a highly impacted geographic area/zip code
- People Who share needles/works
- Heterosexual-Identifying Men at Sexual Risk
- HIV +
- Incarcerated/Recently Paroled Persons
- Latino/as
- Lesbians
- Male Injection Drug User
- African Americans

#### CONTRIBUTING CO-FACTORS

- Sex Work
- Other Substance Use
- Stigma
- Discrimination
- Racism
- Educational Level
- STDs
- Mental Health Issues
- Violence
- Sexual Assault
- Incarceration
- Homelessness
- Immigration Status
- Language
- Poverty

Other (*specify*):

\_\_\_\_\_

### Part III: Skills, Experience & Expertise

Please answer each of the following questions. Feel free to add additional pages if you need more space.

1. Can you commit to a minimum of eight hours per month for two years for PPC-related activities, including subcommittee participation and the annual two-day Planning Meeting?  
 Yes  No
2. Are you interested in being paired with a seasoned PPC member for mentoring?  
 Yes  No
3. Why are you interested in becoming a member of the HIV Prevention Planning Committee?
4. In your opinion, what are the most pressing HIV prevention needs of Los Angeles County?
5. In your opinion, what are some key elements to effective HIV prevention?
6. Please describe any HIV prevention activities in which you have participated.
7. Please describe PPC activities in which you have participated.
8. What will you contribute to the PPC?
9. Please indicate the skills and areas of expertise you possess that you feel qualify you to become a PPC member. Check all that apply.

<input type="checkbox"/> Behavioral and Social Research	<input type="checkbox"/> Planning
<input type="checkbox"/> Capacity Building/Technical Assistance	<input type="checkbox"/> Policy Analysis
<input type="checkbox"/> Community Organizing	<input type="checkbox"/> Program Development
<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Health
<input type="checkbox"/> Education and Training	<input type="checkbox"/> Rape/Sexual Abuse/Domestic Violence
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Social Marketing
<input type="checkbox"/> HIV/AIDS Prevention and Prevention Programming	<input type="checkbox"/> STD and TB Prevention
<input type="checkbox"/> HIV + (HIV Positive)	<input type="checkbox"/> Substance Abuse Prevention and Treatment
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Teen Pregnancy Prevention
<input type="checkbox"/> Needs Assessment/Resource Inventory/Gaps Analysis	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Perinatal	

Other (specify):  
\_\_\_\_\_
10. Please select a subcommittee you would be most interested in participating on as a PPC member.  
 Internal Operations  External Operations

11. Please provide contact information for TWO people who would be willing to serve as references.

<u>Name</u>	<u>Agency/Affiliation</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

#### Part IV: Statement of Commitment

*I commit to dedicating a minimum of eight hours a month to PPC related activities.*

NAME: (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE\*: \_\_\_\_\_

\*Applications are retained and reviewed up to one year from this date.

In addition to reviewing your application and resume, you may be asked to participate in a face to face or phone interview with a member of the Internal Operations committee, the committee that reviews and forwards recommendations of new members to the Steering committee.

Please don't forget to include your resume with your application. Thank You.