

SAN MATEO COUNTY HIV PROGRAM COMMUNITY BOARD

Membership Nomination Form

Name: _____

Title: _____

Organization: _____

Work Address: _____

Home Address: _____

Work: () _____ **Home:** () _____

Email: _____

I am applying for membership on:

_____ HIV Program Community Board

Please check ALL of the following that describe yourself or your organization.

_____ Person living with HIV or AIDS, particularly a consumer of CARE funded services

_____ Health care provider

_____ Community-based and/or HIV/AIDS service organization

_____ Social service provider

_____ Mental health and/or substance abuse service provider

_____ Non-elected community leader

_____ Elected community leader

_____ Member of affected community

Demographic Information (OPTIONAL)

Gender (Male, Female, Transgender): _____

Sexual Orientation (Heterosexual, Gay, Lesbian, Bisexual):

HIV Status (Positive, Negative, Unknown): .

Ethnicity: _____

Age: _____

Please provide a short description of your experience in using, providing or evaluating services for persons living with HIV/AIDS.

What particular skills or expertise would you bring to the AIDS Program Community Board?

Please provide the names and telephone numbers of three references.

Name:

Telephone:

1. _____
2. _____
3. _____

Your Signature

Date

For consideration by the HIV Program Community Board's Nominating Committee, please **FAX** to (650) 573-2875, or **MAIL** to the San Mateo County HIV Program, 225 37th Avenue, Room 23, San Mateo, CA 94403. Please put **ATTENTION: HIV Program Director** on any mail and/or fax. Feel free to include any relevant attachments Thank you.