

**Application for Membership on the  
South Dakota HIV Prevention Planning Group**

Members for the Prevention Planning Group (PPG) are selected on the basis of a variety of factors including expertise, education, life experiences, geographic residence, and demographic characteristics. Individuals selected are expected to represent and identify as members of the populations and communities with whom they are affiliated.

**All information is confidential**

Please provide the following contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): Personal \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

**Demographics**

Race:

(check all that apply)

American Indian/Alaskan Native

Asian/Pacific Islander

Black/African American

White

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Age:  <25

25-34

35-44

45-55

Sex:  Female

Male

Transgender

**Geographic Area**

In which area of the state do you live?

Sioux Falls

Rapid City

Other urban area (10,000+ people)

Rural/frontier area (fewer than 10,000 people)

## **Expertise**

Please select the category that best describes your training, experience, and/or education. **You may select two (2), ranking the selections in order of the level of training, experience, or education received. Place a '1' next to the category in which you have significant experience and a '2' next to the one in which you have less experience, but still substantial experience.**

- |  |  |
|--|--|
| <input type="checkbox"/> AIDS Education and Training Center          | <input type="checkbox"/> Indian Health Service       |
| <input type="checkbox"/> Behavioral or social scientist              | <input type="checkbox"/> Intervention specialist     |
| <input type="checkbox"/> Business/labor                              | <input type="checkbox"/> Mental Health               |
| <input type="checkbox"/> Community health centers                    | <input type="checkbox"/> Person living with HIV/AIDS |
| <input type="checkbox"/> Corrections/law enforcement                 | <input type="checkbox"/> Ryan White Part B           |
| <input type="checkbox"/> Education agency/college                    | <input type="checkbox"/> Ryan White Part C           |
| <input type="checkbox"/> Epidemiologist                              | <input type="checkbox"/> Social services             |
| <input type="checkbox"/> Faith community                             | <input type="checkbox"/> Substance abuse             |
| <input type="checkbox"/> Family planning                             | <input type="checkbox"/> Urban Indian Health         |
| <input type="checkbox"/> Great Plains Tribal Chairman's Health Board | <input type="checkbox"/> Homeless services           |
| <input type="checkbox"/> HIV clinical care provider                  | <input type="checkbox"/> HOPWA                       |

## **Education**

Please select the level of education you have completed and note any specialized licenses or certifications you may possess.

- |   |  |
|---|--|
| <input type="checkbox"/> Did not finish high school     | <input type="checkbox"/> High school diploma |
| <input type="checkbox"/> Attended some college          | <input type="checkbox"/> College degree      |
| <input type="checkbox"/> Graduate degree                | <input type="checkbox"/> Ordained clergy     |
| <input type="checkbox"/> Licenses/certifications: _____ |  |

## **Life Experience**

Have you ever been?

(check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> An injecting drug user (IDU) | <input type="checkbox"/> A non-injecting drug user |
| <input type="checkbox"/> In jail or prison            | <input type="checkbox"/> Homeless                  |
| <input type="checkbox"/> A commercial sex worker      | <input type="checkbox"/> A Medicaid recipient      |

