



Rhode Island Consumer Advisory Board Membership Application



Name (Please Print)

E-Mail Address

Address

City

State

Zip

Phone Number (with area code)

Alternate Number

The RI Consumer Advisory Board (CAB) membership should represent the profile of HIV/AIDS in Rhode Island, including geographic and demographic representation. To assist us in the selection of a diverse group, please fill out as many of the following as you are comfortable sharing:

Gender

- Female
- Male
- Transgender *(Please select below as appropriate)*
 - Female to Male
 - Male to Female

Age: _____

Veteran

- Yes
- No

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Portuguese Speaker
- Other (Please specify) _____

HIV Risk Category (Please select all that apply)

- Blood transfusion
- Blood products
- Injection drug use
- Male to female sex
- Male to male sex
- Prenatal
- Other (Please specify)
- Unknown

Race (Please select all that apply)

- White/Caucasian
- American Indian or Alaska Native
- Asian/Pacific Islander
- Black *(Please select below as appropriate)*
 - African American
 - Sub-Saharan African
 - Caribbean
- Native Hawaiian or Other Pacific Islander
- Other (Please specify) _____

1. Are you currently involved in any Consumer Advisory Boards (CABs), agency Board of Directors, or other community-based group(s)? Please check all that apply:

- Agency CAB: Agency Name _____ How long _____
- Agency Board of Directors: Agency Name _____ How long _____
- Other Consumer Group (Please specify) _____ How long _____
- Rhode Island Prevention Planning Group _____ How long _____

2. What community living with HIV/AIDS best represents you? (Such as people in recovery, parent, GLBT, etc.)

3. Please state why you are interested in becoming a member of the RI CAB?

4. What do you hope to change by being a member of the RI CAB?

5. What special skills, experiences, or perspectives would you bring to the group?
