

# Vermont HIV Community Advisory Group

## Application for Membership

The **HIV Community Advisory Group (CAG)** offers input and community voices to the **Vermont Department of Health (VDH)** on HIV prevention and care needs, with a mission “to promote effective HIV care and prevention programs in the state.” A primary goal of VDH is to make sure CAG reflects the diverse communities **most affected by HIV in VT**.

- ⇒ **MEETINGS:** CAG meets every other month, either in-person in central Vermont or remotely via Zoom/internet.
- ⇒ **STIPENDS:** Stipends, travel and childcare reimbursement are available for members not attending as part of a job.
- ⇒ **CONFIDENTIALITY:** Your application is confidential and viewed only by the *Membership Committee*, but the CAG is a **public entity**. Some documents become public records and may include member names, but no personal information.
- ⇒ **ASSISTANCE:** If you need help with this form, or need it translated, please contact VDH at 1 (800) 882.2437.

**Please return your application to:** Daniel J. Daltry, *Infectious Disease Program Manager*; [Daniel.Daltry@vermont.gov](mailto:Daniel.Daltry@vermont.gov)  
**Vermont Department of Health**, HSH Program; 108 Cherry St., Drawer 41 IDEPI, Burlington, VT 05402-0070

### PART 1: COMMUNITY REPRESENTATION

CAG includes members of *communities affected by HIV*, and *people who help prevent HIV and provide HIV care services*.

#### 1) Please check the box next to any communities/populations YOU could represent on the CAG.

*I am a member of one or more community that is most affected by HIV in Vermont:*

- Person living with HIV
- Family member living with HIV
- Men who have sex with men
- People who inject drugs
- People who are in recovery
- People who perform sex work
- OTHER** \_\_\_\_\_

*I have professional experience in one or more of the following areas:*

- HIV Prevention and/or Care Services
- Community Services for LGBTQ+
- Syringe Services Programs
- Substance Use Treatment Programs
- Correctional Settings
- Homeless Shelters
- OTHER** \_\_\_\_\_

#### 2) The federal agencies funding HIV services require basic data. Please share based on your comfort.

**GENDER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **HIV STATUS:** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **ETHNICITY (Hispanic/Latino or Not Hispanic/Latino):** \_\_\_\_\_

### PART 2: WHY ARE YOU APPLYING?

#### 3) Why do you want to serve on the Vermont CAG?

#### 4) Please list strengths and skills you would bring to CAG. *Include any personal or professional experiences.*

**5) Please list what you think are the HIV-related service needs of the communities you represent.**

*This could include the needs of your town, county, or region of the state, as well as any groups of people you represent.*

If there is anything else you would like to share with us about yourself or your experiences, please feel free to attach additional pages.

**PART 3: CONFLICTS OF INTEREST**

CAG helps **advise and guide** HIV prevention and services funding and priorities in VT; it **does not directly oversee** how HIV funds are spent. CAG decisions **DO impact** VDH priorities, so it is important to disclose **Conflicts of Interest**. A conflict occurs when a CAG member is an employee, client, volunteer, or board member of an organization that may receive funds as a result of a CAG decision. Those with a **financial interest** must disclose the conflict and sometimes abstain from voting.

**6) Please list any potential conflicts of interest you can think of:**

**PART 4: REFERENCES**

Please give two references who can speak to your potential contributions to the CAG.

**#1. NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**#2. NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PART 5: PERMISSION & CONTACT INFORMATION**

Please read the statements below. Check the boxes to tell us that you understand the responsibilities of CAG, and give permission for your application to be shared with the *CAG Membership Committee*.

**I am able** to offer 5 - 10 hours per month to meet the demands of CAG membership that include bi-monthly CAG meetings, main and sub-committee work groups, and travel within Vermont.

**I understand** that CAG sometimes discusses confidential information and that by applying, I am committing to keep information I hear and discuss **CONFIDENTIAL** and will not share CAG business with non-CAG members.

**I give permission** to share the information in this application with the *CAG Membership Committee*. I understand this application information will remain confidential.

**SIGNATURE OF APPLICANT**

**DATE**