Rhode Island Consumer Advisory Board
Membership Application

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<th>Name (Please Print)</th>
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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

**Ethnicity**
- □ Hispanic or Latino
- □ Not Hispanic or Latino
- □ Portuguese Speaker
- □ Other (Please specify) ___________________________

**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) ___________________________

**Age:** _______

**Veteran**
- □ Yes
- □ No

**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
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?

________________________________________________________________________

________________________________________________________________________