

**Member Application**

**Confidentiality:** All information shared by applicants will be kept confidential. Submitted applications are reviewed by the co-chairs only (no other members will have access to applications). Applications are stored on a secure folder and will never be shared with the public. Return completed applications to the DOH co-chair, Taylor Holsinger ([taylor.holsinger@alaska.gov](mailto:taylor.holsinger@alaska.gov)).

# Please provide a few sentences to explain why you are interested in becoming a member of Alaska’s HIV Advisory Group (ARISE)?

# Applicant Information

Name:

Home City:

Zip Code:

Phone Number:

Email Address:

# Employer Information (for health or human-services agency-represented members only)

Current Employer/Agency:

Job Title and Description:

Agency City:

Agency Zip Code:

# Professional & Lived Experience (check all that apply)

HIV Prevention

STD Prevention

Linkage to Care

HIV Care

Prevention With Persons Living with HIV

Private Clinical Practice

Harm Reduction (including SSPs)

Statistical Analysis

Program Monitoring & Evaluation

Epidemiology

Community Needs Assessments

Grant Writing

Substance Use Prevention

Substance Use Treatment

Working with Unstably House Persons

LGBTQI2S+ Community

Non-Gay Identified Men who have sex with other men

Sex Work

Other: