

**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).

# 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: