



FOR OFFICIAL USE ONLY

INSTRUCTIONS: Please complete each item below. This application shall be maintained for a period of one year
PLEASE PRINT IN INK OR TYPE.

Application for Maine HIV Advisory Committee (HIVAC)

NAME AND PRONOUNS: _____

MAILING ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: _____ CELL PHONE: _____

_____ FAX :: _____ E-MAIL : _____

County of Residence: _____

Please list any Community Organizations to which you belong:

Have you ever been convicted of a felony? YES _____ NO _____
(If yes you will be given an opportunity to explain at your interview)

Please answer the following questions and attach/resume with application.

1. Why do you want to be a member of the HIVAC Committee?

2. What experience or special knowledge can you bring to this group?

3. The ability to work as a team member of a large and diverse group is crucial to the work of the Committee. Teamwork allows the Committee to conduct business efficiently and to fulfill its mission successfully. Please tell us about your ability to work as a member of a team.

4. Please ask an acquaintance, colleague, HIV advisory committee member, HIV service provider or Maine State Staff to write a letter of recommendation for you explaining how they know you and describing your work on HIV/AIDS and other issues, your community participation, your meeting skills, and any other personal qualities or experiences that you have. Please attach the letter to your application along with telephone and address where they can be reached.

PRINT NAME:

Signature _____

Date _____

Return application to a member of HIVAC Committee

Or mail To:

HIVAC

C/O Maine CDC

286 Water St.

State House Station 11

Augusta, ME. 04333-0011

THANK YOU FOR YOUR INTEREST IN SERVING ON THIS COMMITTEE