



A Positive Impact Program

Prevention Consumer Advisory Board (P-CAB) Application

Thank you for your interest in the Prevention Consumer Advisory Board (P-CAB). We are excited to add new members to our advisory board. Please complete this application in its entirety, leaving nothing blank. All information received is confidential and will only be reviewed by the P-CAB recruitment staff. No other agency staff, outside third parties or other P-CAB members will have access to your responses.

First Name: _____ Last Name: _____

Address: _____ City: _____ County: _____ St: _____ Zip: _____

Home Phone: () - _____ Cell: () - _____ Fax: () - _____

Email Address: _____

May we email MISTER-related material to your email address? Yes No

DOB: ___/___/___ Gender: Male Female Transgender: MTF FTM

Race (choose all that apply): American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Other: _____

Ethnicity: Latino or Hispanic Not Latino or Hispanic

Sexual Orientation: Gay (homosexual) Straight (heterosexual) Bisexual Unsure

HIV Status: Positive Negative Unsure Decline to State

Relationship Status: Single Partnered Decline to State

Please check any sexual activity below in which you currently engage in or which you have previously engaged in within the past 12 months (one year). Please note that selecting one or more of the following sexual behavioral characteristics will not prevent you from serving on the P-CAB: *(All responses will remain confidential)*

Sex Worker Model/Escort Adult Film Entertainer Bathhouse Patron Sex in Public

Group Sex Party Participant Uses websites to seek hook-ups Barebacking/Anal sex without a condom

Have you utilized any illicit substances in the past 90 days (such as crystal meth, cocaine, GHB, X, heroin, or other drugs)? Yes No

If yes, have you injected any drugs in the past 90 days? Yes No

The gay community is highly diverse and has many sub-populations. Please check any of the following cultural sub-communities in which you currently identify or have previously identified within the past 12 months (one year):

Leather/Rubber Fetish BD/SM Bear/Cub Female Impersonators Transgendered

Circuit/Twink/Rave Western/Cowboy House/Ball Bareback Straight-identified, same sex curious

Are you currently receiving mental health, substance abuse, or sex coaching/prevention case management services from Positive Impact? Yes No If Yes, Type of Service: _____

Have you participated in any of the MISTER Center's Programs (HIV testing, STD screening, sex coaching, book club, meditation, yoga, or other workshops)?

Yes No If Yes, Which Program(s): _____

What do you hope to gain or accomplish by becoming a member of P-CAB?

How would the Prevention Consumer Advisory Board (P-CAB) benefit as a result of your participation?

How did you hear about P-CAB?

Word of Mouth Email AIDS service organization or community based organization

Other: _____

If for any reason you are not invited to participate in the Prevention Consumer Advisory Board (P-CAB) this year, would you like to be put on our mailing list to hear about future opportunities to participate? Yes No

