



## 2019 SAPG MEMBERSHIP APPLICATION

### WHAT IS SAPG?

SAPG is the **Wisconsin HIV Statewide Action Planning Group**. The group is made up of 25 -30 members, or *ambassadors*, who volunteer to advise the **Wisconsin Division of Public Health (DPH) AIDS/HIV Program** as it plans, develops and carries out HIV prevention and care services in Wisconsin. SAPG is made up of people affected by, caring for and working to prevent HIV in the state.

### WHAT DO SAPG AMBASSADORS DO?

- Come to and participate in 5 in-person meetings a year
- Offer their own insights and perspectives on HIV in Wisconsin
- Share information about HIV with their peers and communities
- Give input on Wisconsin's HIV Integrated Prevention and Care Services Plan
- Advise the Wisconsin AIDS/HIV Program as it develops and coordinates HIV prevention and care in Wisconsin

### WHY SHOULD I BE AN SAPG AMBASSADOR?

SAPG is a place where people can share their own ideas, knowledge, and experiences with HIV prevention, care and treatment with other people working on the same issue. Your input can help shape the way Wisconsin addresses the HIV epidemic to make sure that the work benefits the right people in the right places at the right time.

SAPG offers leadership development. Members may apply for scholarships to attend conferences and workshops that expand their own knowledge and professional skills. Members can serve on committees that work on different issues. The co-chair helps plan and lead meetings and connects with members between meetings.

If necessary, SAPG members are reimbursed for travel to and from meetings although members often carpool. They may also get lodging for meetings farther away and get help for lost wages that may result when they come to meetings.

## WHAT DO SAPG MEMBERS COMMIT TO?

- 1) **ATTEND AND PARTICIPATE IN 5 MEETINGS A YEAR** in different parts of the state. Meeting dates are set one year in advance. Meetings take place between 9:00 am to 3:15 pm.  
2019 meeting dates are:
  - Wednesday, February 27 (half day) and Thursday, February 28 (Madison, WI)
  - Thursday, April 25
  - Thursday, June 27
  - Thursday, September 26
  - Thursday, November 21
- 2) **COMMIT TO A 2-YEAR TERM** as a Statewide Action Planning Group ambassador. Members can renew for another 2-YEAR term for a total of 4 YEARS on the committee.
- 3) **SHARE INFORMATION** they get at SAPG with their own communities.
- 4) **PREPARE FOR MEETINGS** by registering, reviewing agendas, doing background reading and discussing issues with community members as appropriate.

## HOW DO I APPLY TO BE ON SAPG?

- 1) Fill out the SAPG Application form. You can:
  - a. Complete the following PDF form (this cannot be submitted electronically) OR
  - b. Print off and complete the following form.NOTE: The application must be mailed or faxed.
- 2) Answer these 3 questions in a personal statement of no more than 2 typed double-spaced pages.
  - a. Why do you want to be on SAPG?
  - b. What would you bring to this group?
  - c. How does your education, work, connections to one or more communities, organizations and/or personal experience in HIV prevention, care or treatment make you a good choice?
- 3) Send us this either by MAIL or confidential FAX. **We DO NOT take electronic applications.** All applications are due **December 14, 2018.**

SAPG chooses new members in January. If you are a finalist, we may call you to learn more about you. You will get a letter by the end of January 2019 to let you know if you have been chosen to be a new SAPG Ambassador.

If you would like help completing this application or have questions, please call Barbara Nehls-Lowe at 608-890-4653 or Ronnie Grace at 414-795-0778.

**YOUR CONTACT INFORMATION** (Please print clearly)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**PHONE NUMBER** where we are MOST LIKELY to reach you. \_\_\_\_\_

**EMAIL ADDRESS** where we are MOST LIKELY to reach you. \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WHO CAN BE AN SAPG AMBASSADOR?**

Anyone, at least 18 years of age, who is interested in or affected by HIV may apply. We search for diverse members. SAPG is looking for people who have personal or professional experience with the following.

**Please check all those categories that apply to you personally and/or your work:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Persons living with HIV                             | <input type="checkbox"/> Mental health            |  |
| <input type="checkbox"/> Young black and Latino men<br>who have sex with men | <input type="checkbox"/> HIV social services      | <input type="checkbox"/> Transgender people                      |
| <input type="checkbox"/> Corrections   | <input type="checkbox"/> Housing                  | <input type="checkbox"/> Epidemiologist                          |
| <input type="checkbox"/> Substance abuse                                     | <input type="checkbox"/> Injection drug use       | <input type="checkbox"/> Public Health (HIV, STD, TB, Hepatitis) |
| <input type="checkbox"/> Education institutions                              | <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> HIV Clinical Provider                   |
| <input type="checkbox"/> Community Health Care Centers                       | <input type="checkbox"/> Business/labor           | <input type="checkbox"/> Behavioral/Social Scientist             |

**ABOUT YOU:**

*Check all that describe you.*

**Gender:**

- ☐ Female  
☐ Male  
☐ Transgender (MTF- male to female)  
☐ Transgender (FTM-female to male)  
☐ Other \_\_\_\_\_

**Sexual Orientation**

- ☐ Gay  
☐ Lesbian  
☐ Bisexual  
☐ Heterosexual  
☐ Other \_\_\_\_\_

**Race and Ethnicity:**

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian/Other  
Pacific Islander  
☐ White  
☐ More than one race  
☐ Hispanic or Latino  
☐ Other \_\_\_\_\_

Age: \_\_\_\_\_

**HIV Risk by Category:**

- ☐ MSM (Men who have sex with men)
- ☐ MSM/PWID (People who inject drugs)
- ☐ PWID (People who inject drugs) /Needle Sharing
- ☐ Have sex with high risk partners (HIV+, MSM, PWID)

Have you applied for SAPG before? Yes\_\_\_\_ No\_\_\_\_ what years\_\_\_\_+\_\_\_\_

If you have served on SAPG before? What years\_\_\_\_\_

**OPTIONAL:**

*You do not have to check this box in order to be on SAPG. ALL answers are kept private and confidential.*

I am HIV positive: ☐ Yes ☐ No

**YOUR HIV CONNECTIONS**

SAPG members share knowledge, perspectives and insights about their lives as people living with HIV, at risk for HIV, and/or working with those living with HIV. They also take back information about HIV in Wisconsin discussed at SAPG meetings with those with whom they are connected. SAPG members are chosen in part because of the contacts and connections they have.

*List HIV-related groups you are a part of. Tell us your role and opportunities to gather and disseminate information.*

Communities/Groups/Organizations	Your role (volunteer, leader, member, staff, other?)
1. _____	_____
2. _____	_____
3. _____	_____

**REFERENCES**

*List two people who can speak about your connection to HIV and who can tell us what you would bring to the SAPG.*

1. Name _____	Phone _____
Relationship _____	Email Address _____
2. Name _____	Phone _____
Relationship _____	Email Address _____

## PERSONAL STATEMENT

**Personal statements should be typed and double-spaced. They should not be more than 2 pages long. *We will not take applications that are not filled out completely!***

Tell us more! Please answer the questions below in a personal statement. We would like to know:

- a. Why do you want to be on SAPG?
- b. What would you bring to this group?
- c. How does your education, work, connections to one or more communities or organizations, or personal experience in HIV prevention, care or treatment make you a good choice?

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***Confidentiality Statement:*** All information given in this application will be kept private. It will only be used by the staff of AIDS/HIV Program, the Wisconsin HIV Outreach Project, and the Community Planning Selection Committee for determining membership. Applications are stored in a locked file.

**I have read this application. If I am selected I will commit to the membership requirements and expectations.**

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Print Name

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Signature

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Date

## 2019 SAPG APPLICATION COVER SHEET AND CHECKLIST:

*Use this page as the cover of your application.*

How are you sending this application? (please choose one):

- ☐ US Mail – Send to: **Attn: Barbara Nehls-Lowe**  
**UW Madison – Continuing Studies**  
**21 N. Park St., 7<sup>th</sup> Floor**  
**Madison, WI 53715**
- ☐ Confidential Fax: **Attn: Barbara Nehls-Lowe**  
**FAX: 608-266-1288**

### **Did you remember to:**

- ☐ Fill in an answer for ALL the questions **on PAGE 3 and PAGE 4?**
- ☐ **TYPE** your personal statement using double-spacing? (Your statement should NOT be more than 2 pages long.) Did you...
  - ☐ Explain the reasons why you want to join SAPG?
  - ☐ Describe what you will bring to the group?
  - ☐ Describe how your education, training, work, connections to communities or organizations, or personal experience in HIV prevention, care and treatment make you a good choice?
- ☐ Include this cover sheet on top of your application?

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*If you have questions or comments about this application, contact **Barbara** at **608-890-4653**. Thank you for your interest in joining the Wisconsin Statewide Action Planning Group. You will find out whether or not you have been chosen to join SAPG at the end of January 2019.*