



ADVISORY BOARD MEMBER APPLICATION

MISSION STATEMENT

To foster and promote effective communication, collaboration, cooperation and advocacy through a comprehensive, integrated approach that meets with compassion and dignity the multifaceted needs of persons and families affected by HIV/AIDS.

JOB DESCRIPTION

As a member of the Southern Illinois Care Connect Advisory Board, you would be expected to:

- make a commitment to encourage and implement the mission statement and the Advisory Board By-Laws. (See attached)
- participate in all decision making, priority setting, and problem solving engaged in by the Advisory Board.
- attend the quarterly meetings on a regular basis.
- educate others in your community about the services of the program and associated agencies, and the need for a continuum of care for individuals who are HIV+.

PERSONAL INFORMATION	
Name:	Address:
Cell phone:	County(s) you represent:
Email:	Organization (if applicable):
EXPERIENCE INFORMATION	
What is your level of HIV knowledge? <input type="checkbox"/> Well Informed <input type="checkbox"/> Informed <input type="checkbox"/> Somewhat Informed <input type="checkbox"/> Know very little	
Do you have any experience working with HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No	

