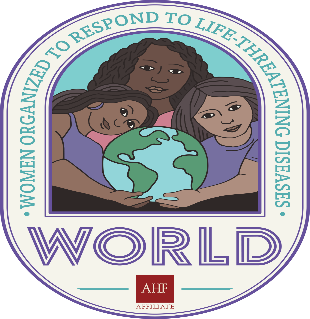
**WORLD Leadership Institute Application**

**\_\_\_\_\_\_\_Spring Session \_\_\_\_\_\_\_Fall Session**

**Contact Information:**

**To help us process your membership application, please provide all of the information requested and type or print clearly.**

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| --- | --- | --- |
| Name: | Mailing Address: | City/ State/ Zip Code: |
| County: | Contact Phone Number: | Contact E-Mail: |
| Employer if Applicable: | Employer Address: | Employer Contact Info: |
| Title: |  |  |

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| **Demographics:**  I am: \_\_\_Cis Female (a woman who was assigned female at birth)  \_\_\_Transgender Female (a woman who was not assigned female at birth)  \_\_\_Gender non-conforming (someone who doesn’t identify with a designated gender)  My age range is: \_\_\_13-19 \_\_\_20-29 \_\_\_30-39 \_\_\_40-49 \_\_50-59 \_\_\_60+  I am a person living with HIV/ AIDS (PLWHA) (optional): \_\_\_Yes \_\_\_No  Disabling HIV/ AIDS: \_\_\_Yes \_\_\_No  If you are a person living with HIV, are you comfortable disclosing your HIV+ status to others outside of the Leadership Institute? \_\_\_Yes \_\_\_No  \*Disclosure of HIV status is encouraged, but not required for membership.  I am a person living with Hepatitis B: \_\_\_Yes \_\_\_No  I am a person living with Hepatitis C: \_\_\_Yes \_\_\_No  I am a person living with a current or previous diagnosis of an STI/STD: \_\_\_Yes \_\_\_No  Please check all that apply (optional): \_\_\_Herpes \_\_\_Gonorrhea \_\_\_Syphilis  \_\_\_Genital Warts \_\_\_Other  Do you have any special needs/ disabilities? \_\_\_Yes \_\_\_No  If yes, please explain what additional support/services you may need to be successful in the Institute:  Sexual Orientation (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORLD P&A 2021 |
| Identified Race:  \_\_\_Black \_\_\_Asian \_\_\_Other  \_\_\_White \_\_\_Pacific Islander  \_\_\_Latina/x) \_\_\_Native American |
| What makes you want to be a part of the WORLD Leadership Institute? (Feel free to use the back of this pager or an additional piece of paper if you need more room to respond):  Use this space to identify any councils, boards or advocacy groups that you are currently a member of, any leadership trainings that you have participated in, as well as any special skills/ expertise/ education that you feel as though you will bring to the WORLD Leadership Institute. (Feel free to use the back of this page or an additional piece of paper if you need more room to respond): |

**Please check all programs/ activities/ areas of interest/ expertise/ need more information as applicable:**

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| \_\_\_Advocacy/Awareness \_\_\_ Community Organizing  \_\_\_Health Planning \_\_\_Evaluation of HIV or Health Services  \_\_\_Public Health Administration \_\_\_Provider Perspective  \_\_\_Dental Services and Needs \_\_\_Homelessness/Housing Services and Needs  \_\_\_Substance Use/Abuse Services and Needs \_\_\_Mental Health Services and Needs  \_\_\_PLWHA Nutritional Services and Needs \_\_\_PLWHA Legal and Financial Services and Needs  \_\_\_Primary Medical Care: Ambulatory/Outpatient \_\_\_Primary Medical Care: Antiretroviral Therapies  \_\_\_White MSM HIV Issues and Needs \_\_\_MSM of Color HIV Issues and Needs  \_\_\_Women’s HIV Issues and Needs \_\_\_Children/Youth HIV Issues and Needs  \_\_\_Transgender HIV Issues and Needs \_\_\_Ex-offender HIV Issues and Needs  \_\_\_Immigrant/Migrant HIV Issues and Needs \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORLD P&A 2021 |

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| **What experience do you have working in the HIV/ STI Field/ Community:** |
| **Please provide 1 letter of reference (character/ performance), as well as one additional personal or professional reference:**  Name of person providing the letter of reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Best Time of Day to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Reference II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Best Time of Day to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  WORLD P&A 2021 |
| **Statement of Purpose: What do you look to get out of the WORLD Leadership Institute and what are your next planned steps upon graduation?** Ex: applying to sit on a board, start a program, start a support group, do consulting, increase involvement in politics, etc.? (Feel free to use the back of this page or a separate piece of paper if you need more room)  WORLD P&A 2021 |



**Return WORLD Leadership Institute (WLI) Application to:**

**Women Organized to Respond to Life-threatening Diseases (WORLD)**

**c/ o Dr. Demisha Burns (Office of Policy and Advocacy)**

**389 30th St.**

**Oakland, CA 94609**

**510 - 986 - 0340 (Office)**

**510-986-0341 (Fax)**

[**www.womenhiv.org**](http://www.womenhiv.org)

**info@womenhiv.org**

WORLD P&A 2021