



Alabama Vaccine Research Clinic

Community Advisory Board

Thank you for your interest in joining the HIV Vaccine Trials Network (HVTN) and Microbicide Trials Network (MTN) Community Advisory Board (CAB), jointly recognized as the Prevention CAB. The HVTN CAB is a representative group of up to 20 volunteer community members who live and work throughout Jefferson County. The mission of the HVTN CAB is to raise awareness for HIV/AIDS and related issues while also ensuring that HIV vaccine studies reflect the needs and concerns of volunteer research study participants and their communities. Members serve as the liaison between the scientific research community and the public by providing their opinions and advice on scientific and ethical issues regarding study design, recruitment, protection of study volunteers, and awareness from a unique perspective. Each member has the ability to positively influence decisions that have an impact on the health of people living, not only in Birmingham, but around the globe.

We seek to recruit CAB members from diverse ethnic, socioeconomic, and cultural backgrounds who are affected by or know someone who is affected by HIV/AIDS or related issues, who are interested in learning more about HIV/AIDS research and vaccines, as well as those who are interested in community service. This includes, but is not limited to, research study participants, patients, health-care providers, non-profit administrators, students, educators, legal and law enforcement professionals, active-duty military or veterans, and small business owners. CAB members are actively recruited throughout the year, interviewed by the selection committee (as applicable), and invited to serve on an annual basis. Membership may be retained past the annual term.

CAB meetings are held bi-monthly with occasional ad hoc meetings. CAB members work closely with clinical research staff and each other to support our mission. Activities include, but are not limited to:

- Giving/receiving updates on upcoming/ongoing HIV or related research studies
- Reviewing protocols and informed consent forms (ICFs)
- Planning and/or participating in community outreach and awareness events
- Attending expense-paid national HIV/AIDS and health conferences
- Participating in CAB member recruitment efforts
- And more!

Selection Process

Applications released: September 1, 2017

Applications due: February 25, 2018

Interviews scheduled: February 28, 2018-March 6, 2018

Applicants presented for Board approval: March 6, 2018

Applicants notified of selection: March 9, 2018

New CAB members begin term of service: March 12, 2018

For more information about the Community Advisory Board, please visit:

www.uab.edu/avrc or email avrc@uab.edu / AVRCCABChair@gmail.com

UNIVERSITY OF ALABAMA AT BIRMINGHAM
Alabama Vaccine Research Clinic
Community Advisory Board (CAB) Application

Instructions and Information

- Please complete all pages of the application fully and legibly.
- Supporting materials may be attached.
- Applications must be received by February 25, 2018
- Photocopies may be submitted in place of an original application.
- Application and supporting materials will not be returned.
- Applications may be submitted via mail or e-mail to (if e-mailing CC both below):

AVRC at University of Alabama at Birmingham
908 20th Street South | Community Care Building 323
Birmingham, AL 35294-2050
Attention: Santorra King, Coordinator of Health Education
Phone: 205-996-4099 | E-mail: avrc@uab.edu / AVRCCABChair@gmail.com

Applicant Information

Name: _____

Mailing Address: _____

Permanent Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Race/Ethnicity: Mark all that apply. For demographic purposes only. The Alabama Vaccine Research Clinic at UAB does not discriminate on the basis of race, color, or national origin.

- White/Hispanic White/Non-Hispanic Black/Hispanic
 Black/Non-Hispanic Asian Hawaiian/Pacific Islander
 American Indian/ Alaskan Native Other Prefer Not to Answer

Board Selection: I am interested in (select one): CAB Junior CAB

Emergency Contacts

List contact(s) in case of emergency.

Contact 1:

Name (Last, First)

Relationship

Address (Street Number/Name)

(City, State & Zip)

Phone Number(s)

Contact 2 (optional):

Name (Last, First)

Relationship

Address (Street Number/Name)

(City, State & Zip)

Phone Number(s)

Contact 3 (optional):

Name (Last, First)

Relationship

Address (Street Number/Name)

(City, State & Zip)

Phone Number(s)

Application

1. PARTICIPATION

In order to accomplish the CAB's objectives, full participation of each member is necessary. Board members serve a term of at least one year. The CAB meets bi-monthly on dates that are predetermined by members. Interim meetings are occasionally scheduled when necessary. Members are also required to participate in additional community events outside of scheduled meetings. For full list of responsibilities, refer to the bylaw snapshot from the CAB Information Packet.

Can you make this time commitment? Yes No

If no, please explain: _____

2. COMMUNITY INVOLVEMENT (Volunteerism/Organizations/Activities)

List, in order of importance to you, neighborhood, community, civic, professional, business, religious, social, athletic, or other organizations of which you are or have been a volunteer member. Add extra page(s), if necessary.

Organization	City, State	Dates	Position/Duties

How much time each month do you volunteer at neighborhood, community, civic, professional or other organizations/activities?

What have you experienced or accomplished in these organizations that are important to you?

3. SKILLS AND INTEREST:

List at least three skills and/or interests that you possess (Examples: party planning, good listener, organizational skills, public speaking/presenting, graphic/web design, DJ, etc.).

4. GENERAL/PERSONAL EXPERIENCE:

How did you learn about the Community Advisory Board? _____

Why do you want to be a member of the CAB? _____

Do you speak any additional languages? If so, please list. _____

Describe any teamwork or leadership experiences you have had. _____

Do you know someone who is affected by HIV/AIDS or other health issues? If yes, please describe.

In your opinion, what are the two most pressing issues facing health care today? _____

5. REFERENCES:

Please list two personal or professional references that we may contact.

Name of Reference	Email/Phone	Relationship

6. ACKNOWLEDGEMENT:

All information provided, to my knowledge, is correct and true. I grant permission for my responses and references to be verified by applicable member(s) of the selection committee. I understand that completion of this application does not ensure a candidate's acceptance to the Community Advisory Board (CAB) or Junior CAB. If selected, I will devote the time required as outlined in section one of this application. If, at any time or for any reason, I am unable to devote the time required as outlined in section one of this application, I will provide notice of my reasoning and/or resignation from the CAB within a reasonable amount of time.

Applicant's Signature: _____ Date: _____

---- FOR OFFICE USE ONLY ----

REFERRED CAB JUNIOR CAB

NOT REFERRED

IF NOT REFERRED, STATE REASON(S): _____

FILE COPY OFFICE COPY

REVIEWED BY: _____
AVRC CAB Representative Date

REVIEWED BY: _____
AVRC CAB Representative Date