

Date Received: ___/___/___ Date Reviewed: ___/___/___ Tracking Number ___ - ___

C.A.S.E. Organizers Application

Citizens Advocating for Social Equity (C.A.S.E.) is looking for motivated organizers. Please complete the application as accurately and completely as possible.

Return your completed application in an envelope by *mail* to P.O. Box 2234 Sugar Land, TX 77487-2234 to the ATTN: Vanesia R. Johnson, *fax* to 281-809-4596 or *email* to CASEONTHEMOVE@gmail.com. Please contact C.A.S.E. at 832-4-CASE-54 (832-422-7354) to make other delivery arrangements.

Please mark the envelope **Confidential**.

All information obtained in connection with the organizers application form and the selection process to the Citizens Advocating for Social Equity (C.A.S.E.) will not be disclosed without the applicant's consent. All persons reviewing organizers applications for C.A.S.E. have signed a statement of confidentiality.

Name: _____

Contact Information:

In addition to giving us your work and home addresses, please put a check mark in the box next to the address that we should use to contact you about C.A.S.E. business.

Employer: _____
Work Address: _____
City: _____ County: _____ ZIP: _____
Phone: _____ Fax: _____ E-mail: _____

Residence Address: _____
City: _____ County: _____ ZIP: _____
Phone: _____ Fax: _____ E-mail: _____

Preferred Contact Method: Mail Fax Email

How did you hear about the C.A.S.E.?

What is your anticipated length of service? 6 months or less 6-12 months
 12-18 months 18-24 months
 24 months plus Unknown

Signature _____ Date ___/___/___

Personal Characteristics:

1. Do you consider yourself: Male Female Prefer not to answer
2. Do you consider yourself transgender? Yes No Prefer not to answer
3. Age (choose one): <13 13-18 19-24 25-34 35-44 45+
4. Do you consider yourself (choose one or more):
 American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White or European Prefer not to answer
5. Do you consider yourself: Hispanic Non-Hispanic Prefer not to answer
6. Is your sexual orientation: Bisexual Heterosexual Gay/Lesbian Prefer not to answer
7. What is your HIV Status: HIV Negative HIV Positive Don't Know Prefer not to answer
8. Type of geographic location in which you live (choose one):

	Rural: An area with a population of less than 2,500 (typically a small town or a community with a population that is widely dispersed or spread out)
	Urban non-metropolitan: An area with a population of between 2,500 and 100,000 (small to mid-size city)
	Suburb: A residential area around or outlying a city
	Urban metropolitan: An area with a population of greater than 100,000 (large city, densely populated such as New York, Los Angeles, Houston)
	Other (please specify:

Perspectives and Experiences

9. Which disproportionality and/or disparity vulnerable populations do you consider yourself a part of through your personal life? (Select up to two, placing a "1" next to your primary and "2" next to your secondary perspective):

	Chronic disease (diabetes, cancer, etc.)
	Mental and/or physical disability
	Incarcerated/Recently Released/Probation/Parole/X-offender/Juvenile Justice
	Women of child bearing years
	Military/Veteran
	Children/Youth/Young Adult (under 16-26)
	Seniors (55+)
	Immigrants (foreign born)
	Uninsured
	Homeless
	HIV/AIDS
	Drop Out/Truancy

10. Please indicate all areas of expertise or special perspectives based on personal or professional experience that you can bring to C.A.S.E. Use the space below to explain your answer.

- | | |
|--|---|
| <input type="checkbox"/> Have you experienced discrimination | <input type="checkbox"/> Provider of Medical Care/Specialty Care |
| <input type="checkbox"/> Diagnosed with disease in the past year | <input type="checkbox"/> Spiritual/Faith Issues |
| <input type="checkbox"/> Loved one diagnosed with disease | <input type="checkbox"/> Incarcerated/Criminal Justice System/Organized Crime |
| <input type="checkbox"/> Loved one with disability | <input type="checkbox"/> Mental Health Issues (self, family or friend) |
| <input type="checkbox"/> School age (5-18 years old) | <input type="checkbox"/> Rural/Suburban HIV/AIDS prevention issues |
| <input type="checkbox"/> Child Protective Services/Foster Care | <input type="checkbox"/> Behavioral/Social Science |
| <input type="checkbox"/> Intimate Partner/Domestic Violence | <input type="checkbox"/> Experience serving on taskforces |
| <input type="checkbox"/> Minority Issues | <input type="checkbox"/> Women's Health Issues |

Explanation of your areas of expertise (attach additional sheets if necessary):

11. **Type of organization you represent or are affiliated with:** Select up to two, placing a "1" next to your primary affiliation and "2" next to your secondary affiliation. If you do not represent an agency, please check "Non-Agency/Community Representative."

<input type="checkbox"/>	Faith Community	<input type="checkbox"/>	Business and Labor	<input type="checkbox"/>	CBO
<input type="checkbox"/>	Other Nonprofit	<input type="checkbox"/>	Private Hospital	<input type="checkbox"/>	Non-Agency Community Rep.
<input type="checkbox"/>	Health Dept:	<input type="checkbox"/>	Private Clinic	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	HIV Care & Social Services	<input type="checkbox"/>	State/Local Education Agency	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Homeless Services	<input type="checkbox"/>	Academic Institution	<input type="checkbox"/>	Research Center
<input type="checkbox"/>	Corrections	<input type="checkbox"/>	Other (please specify):		

Please answer the following question as completely as possible. Please either type or print your answers clearly.

12. Describe your experience through paid work or volunteer that involved providing services or education? Please indicate your years of experience.

13. Please list special skills or expertise that you have that would benefit C.A.S.E.

14. Name any community organizations, associations or groups with which you have worked within the last 5 years. Include those you are currently affiliated with.

15. Explain briefly why you want to become an organizer of C.A.S.E. and what strengths you will bring to the group (attach a separate sheet of paper if needed).

16. Do you have any special needs (e.g., transportation, dietary, translation, mobility)? Yes No
If yes please describe: _____

17. If you are not selected to be an organizer of C.A.S.E., are you interested in serving as needed to work with the group on special topics? Yes No

- Are you able to attend C.A.S.E. education and training workgroups? Yes No
- Are you able to speak comfortably about C.A.S.E. to others? Yes No
- Are you willing to share your knowledge about C.A.S.E. to others? Yes No
- Are you willing to take a friend/family member to C.A.S.E. events? Yes No
- Are you willing to take a stranger to C.A.S.E. events? Yes No
- Are you willing to discuss data and reports provided by C.A.S.E. to others? Yes No
- Are you able to maintain the privacy of the information of others? Yes No
- Are you able to participate in community events during the week? Yes No
- Are you able to participate in community events on weekends? Yes No
- Can you attend two meetings a month for four hours? Yes No
- Are you interested in volunteering with C.A.S.E.? Yes No

Please use the space below to explain any limitations to attending meetings or participating in activities?