

APPLICATION FORM

OAC Leadership Summit for HIV Positive Young Adults (Ages 18-29)

March 9 - March 11, 2012
Holiday Inn City Center - 175 East Town St. - Columbus

Mail to: Ohio AIDS Coalition
Attn: Leadership Summit For Young HIV Positive Adults
4400 N. High St-Suite 300 Columbus, OH 43214
or fax to: (614) 444-1376

For more information, call (614) 444-1683 or (800) 226-5554

PLEASE PRINT AND COMPLETE BOTH SIDES - Deadline for Application is: February 17, 2012
Only Complete Applications will be Reviewed

Notification of acceptance will be postmarked by February 21, 2012

Name: \_\_\_\_\_

What name would you like on your Nametag? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

May we leave messages for you? [ ] It is OK [ ] It is not OK to leave messages at my home.

All information requested here will be kept confidential and is used only for the purpose of prioritizing registrations and planning this Leadership Summit.

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: [ ] Male [ ] Female [ ] Transgender

What is your racial and/or ethnic identity? (Please check all that apply):

[ ] Black or African American [ ] White or Caucasian [ ] Hispanic or Latino [ ] American Indian/Native American

[ ] Middle Eastern or Arab American Asian, [ ] Asian American, or Pacific Islander [ ] Other (specify): \_\_\_\_\_

[ ] I understand that participation in this Positive Leadership Summit is limited to 18 to 29 year old Persons Living With HIV/AIDS.

[ ] I have the following special diet restrictions: \_\_\_\_\_

NOTE: While every reasonable effort will be made to accommodate special diets, the organizers cannot guarantee to do so.

[ ] I have other special needs: \_\_\_\_\_

[ ] I understand that all rooms will be "double-occupancy" and designated "non-smoking."

[ ] I would like to share a room with \_\_\_\_\_ OR [ ] Please assign my roommate

[ ] I need transportation assistance. NOTE: While every reasonable effort will be made to accommodate transportation requests, the organizers cannot guarantee to do so.

[ ] If I am accepted and need to cancel, I agree to notify the Ohio AIDS Coalition (OAC) by March 5, 2012

The Ohio AIDS Coalition does not discriminate because of race, color, creed, religion, national origin, citizenship, sex, marital status, age, physical or mental disability, one's status as a special disabled veteran or veteran of the Vietnam era, or because of a person's sexual orientation, gender identity characteristics or expression. To obtain a copy of the OAC non-discrimination policy, call 1-800-226-5554.

The information below MUST BE COMPLETED by your Case Manager

Case Manager's Name: \_\_\_\_\_ Agency / Organization: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Ext. \_\_\_\_\_) Email: \_\_\_\_\_

## SHORT-ANSWER QUESTIONS

To be completed by all applicants (A limited number of participants will be accepted. Responses will be taken into consideration. Please answer the following questions as best you can. Applications with no response will not be accepted.)

What is your current involvement in HIV/AIDS Leadership Activities? (And or elaborate on non HIV/AIDS activities you are currently involved in.)

How could your attendance at this OAC Leadership Summit influence your individual health care?

## PARTICIPANT AGREEMENT

Participant Requirements:

- FINANCIAL RESPONSIBILITY:** I understand that, while my basic room and board for the Leadership Summit are covered, I am responsible for paying any additional charges that I incur including, but not limited to: phone charges, non-included food or beverage charges, etc. If I need to cancel, I agree to notify the Ohio AIDS Coalition (OAC) by March 7. I realize that failure to do so will prevent someone on the waiting list from attending.
- MEDICAL RESPONSIBILITY:** I understand that the Ohio AIDS Coalition (OAC) does not assume responsibility for meeting my medical needs and agree, in this regard, to hold OAC, its staff, employees, consultants, presenters, physicians, nurses, and/or volunteers blameless. I understand that, if necessary, I will be transported to the nearest and/or most appropriate medical facility for treatment and that the cost of such transportation and treatment is my responsibility.
- GENERAL LIABILITY:** In all cases, except for willful negligence, I hold the Ohio AIDS Coalition, its staff, employees, consultants, presenters, and/or volunteers; the Ohio Department of Health; other Leadership Summit participants; and/or the Holiday Inn City Center and their owners, managers, and employees blameless for injury, illness, death, and/or all other maladies which may befall me in connection with my participation in this Leadership Summit.
- CONFIDENTIALITY:** I understand and agree that I, and all other participants, presenters, and organizers of this conference, will protect the confidentiality of all participants who are involved in this Leadership Summit. I understand that the media are not welcome at the conference site except by special permission of the organizers. Should media be present, I understand that they will be clearly identified to me and that no photograph of or quote from me will be allowed without my expressed permission. Further, I understand and agree that personal photography (photographs taken by me or other participants or presenters) will only take place with the permission of those being photographed and that such personal photographs are not permitted to appear in any publication of any kind.
- PERSONAL RESPONSIBILITY:** I understand that the OAC Youth Summit is a drug and alcohol free event. During my time at the Summit I agree to abstain from recreational drug use and drinking. I understand that my attendance at all sessions is required unless I have spoken with a member of the OAC staff in advance. I will conduct myself appropriately by attending all workshops in a timely manner. I will refrain from causing distractions during workshops to myself, fellow participants and presenters. I understand that I can be asked to leave at any time by a member of the OAC Staff.

*I have read this Agreement; I understand it; will abide to it; and, by my signature below, agree to it.*

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

*In case of emergency, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

My primary physician is: \_\_\_\_\_ Phone: \_\_\_\_\_

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