



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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to receive CGCAB information via: <input type="checkbox"/> mail <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> any <input type="checkbox"/> neither  Initials: _____
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I am committed, without exception, to the  
Common Ground Consumer Advisory  
Board membership promise of  
**CONFIDENTIALITY and**  
**NONJUDGMENT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Mission

To advise the VCU staff and its affiliates that  
provide clinical care, ensuring that all clinics  
operate in the best interests of people of all  
ages, genders, living circumstances and cultures  
living with HIV/AIDS.

## Contact Us

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Common Ground  
Consumer  
Advisory Board

*Helping you help yourself*

Common Ground Consumer  
Advisory Board  
1200 E Broad Street  
Richmond Virginia, 23298

## Purpose

To strengthen the element of community representation within VCU networks by having people infected with HIV participate in the HIV/AIDS care development, implementation, and follow-up processes.

CGCAB provides to its members:

- HIV/AIDS management education
- HIV/AIDS issues and care policy education
- HIV/AIDS empowerment training opportunities
- HIV/AIDS quality and advocacy training opportunities

## Membership

The membership shall consist of residents of the Central Virginia who are infected with the Human Immunodeficiency Virus (HIV) and have an interest in HIV care issues.

## Qualifications

- Must be at least 18 years old and infected with HIV.
- Must agree to adhere strictly to all laws pertaining to CGCAB and medical ethics standards of confidentiality.
- Must be able to effectively work in groups and respect the viewpoints of others.

## Responsibilities & Commitments

- Requires dedicated efforts to self-education on HIV, The ability to work with others, and the willingness to review materials pertaining to the medical aspect of HIV/AIDS
- We request the applicants make at least a one year commitment. (This condition may be waived upon request if you feel you might be unable to serve on the CAB Due to health issues.
- Must be able to participate in approximately 1 ½ to 2 hour bi monthly meetings:
  - Learn what is taking place currently in HIV arena and how it affects you and your community.
  - Keep abreast of research activities.
  - Effectively communicate your views regarding HIV disease, medical treatment, quality of care, social issues, and other topics pertaining to HIV/AIDS with the rest of the CAB.
  - Offer Input into protocol design development, & implementation.
  - Suggest new ideas in line with our mission for what we as an organization should be doing in the community.

- A member's name may be dropped from active membership list and from the mailing list after missing (3) meeting without prior notice to the board. (Unless due to illness or other exceptional circumstances).
- If you have been dropped from the active member list due to missing (3) meeting you will have to reapply.
- Should a CGCAB member engage in a breach of confidentiality, their membership will be revoked. Their name will be dropped from the membership and mailing list permanently. Also criminal charges will be pursued if applicable.



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**Together** We Can  
Make The **World**  
**Better**