

**Boston EMA Ryan White Part A HIV Health Services Planning Council**  
**Laptop Program**  
**Application for Participation**

This program will provide Consumer members of the Planning Council with laptop computers, printers, basic computer and Internet training, and email access. The program's purpose is to enhance consumer participation in the activities of the Planning Council, develop leadership skills, increase skills to return to the workforce, and strengthen and facilitate communication among Planning Council members and Planning Council Support (PCS) Staff.

Completion of this application will not guarantee your participation in the Laptop Program, however, PCS Staff and the Executive Committee of the Planning Council will make every effort to accommodate the requests of all applicants. Each application will be reviewed and then members will be selected for participation.

Please provide all the information requested. Enter N/A (not applicable) where appropriate, *Please type or print clearly*. If there is any part of the application that you don't understand, please contact Planning Council Support for assistance at **617.534.4559**.

**Consumers who are currently in the laptop program must re-apply to continue their participation.**

Please be aware that the Planning Council is a public body. While your HIV status will be kept confidential, membership on the Council is not. Applications will be coded for the application process. Personal information regarding the applicant will not be available to those on the selection committee.

**Mail or Fax your completed application to:**

Apryl Pagliaro  
Planning Council Support  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
Phone: 617.534.4559

## Part 1 Applicant Information

Name		
Home Address		
City	State	Zip Code
Home Phone		
Current Place of Employment		
Work Phone		
Email Address	Fax Number	

## Part 2 Program Information

**Please circle the response that best answers each question.**

(Answers given will not effect your application for participation in this program).

1. Are you a Consumer member of the Planning Council? Yes No
2. Have you ever used a computer? Yes No
3. Have you ever used the Internet or email? Yes No
4. Do you currently have access to a computer? Yes No
  - a. If yes, where do you have access to a computer? \_\_\_\_\_
5. Do you currently have access to the Internet or email? Yes No
  - a. If yes, where do you have access to the Internet or email? \_\_\_\_\_
6. If you have internet access at home, who is your provider? \_\_\_\_\_
7. Do you currently have an America Online account? Yes No
  - a. If yes, what is your AOL screen name? \_\_\_\_\_

8. How often do you have access to a computer? (circle one)
- a. Once a day
  - b. Multiple times a day
  - c. Once a week
  - d. Multiple times a week
  - e. Once a month
  - f. Not at all
9. How often do you have access to the internet? (circle one)
- a. Once a day
  - b. Multiple times a day
  - c. Once a week
  - d. Multiple times a week
  - e. Once a month
  - f. Not at all
10. How would you rate your overall computer skills? (circle one)
- a. I Never used a computer
  - b. I Need help with the basics (maintenance, navigation)
  - c. I Know basics, but could use some help
  - d. I Know a lot, but could use some help
  - e. I Know a lot and would be willing to mentor a new program participant

**Please respond to the questions below. If you need more space than provided, feel free to continue on a separate sheet of paper and attach it to this application.**

1. Briefly explain how you think access to a laptop computer, email, and the Internet will enhance or increase you participation in the activities of the Planning Council?

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2. Provide a brief history of your experience with computer, accessing the Internet, or using email.

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3. Participation in the Laptop Program will require attendance at various trainings, update meetings, and group user meetings. These meetings will be held in Boston. Please tell us about your ability to attend these events.

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**Part 3      Signature and Date**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Boston EMA Ryan White Part A HIV Health Services Planning Council  
2009 – 2010 Term  
LAPTOP PROPERTY AGREEMENT  
POLICIES AND PROCEDURES**

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

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

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I acknowledge receipt of the following **laptop computer, printer, accessories, and manuals**. I understand that this computer is on loan to me while I continue to serve as a member of the Ryan White Part A Boston EMA HIV Health Services Planning Council. Should I resign or in the event that I am not re-appointed to the Planning Council, I agree to return the laptop computer, accessories, and manuals to Planning Council Support (PCS) located at 1010 Massachusetts Avenue, 2<sup>nd</sup> Floor, Boston, MA 02118 **within 30 days** of either event.

1. I agree that it is **my responsibility** to ensure **proper care and handling** of these loaned items. \_\_\_\_\_ (initials)
2. I agree that in the event of **loss or theft** of the equipment, I will **file a lost or stolen** report with the proper authorities, as well as **notify PCS Staff** of the loss or theft **within 24 hours** of the incident. I will provide PCS Staff with a copy of the filed incident report and any other information that will assist in its recovery. \_\_\_\_\_ (initials)
3. I agree that my **failure to report the loss or theft** of equipment may result in **my assuming all replacement costs for the equipment**. \_\_\_\_\_ (initials)
4. I agree that I will **return all equipment** upon the request of PCS Staff **within 72 hours**. **Should I not return the equipment** upon the request of PCS Staff within the time frame requested, I understand that **PCS Staff will take the necessary legal steps to recover the equipment**, up to and including notifying the proper authorities. \_\_\_\_\_ (initials)
5. I agree that **should I need assistance** with using my laptop, or other accessories, I will contact **Apryl Pagliaro** at PCS as soon as possible. I

understand that **PCS may need as much as 48 hours** to respond to my problems or concerns. \_\_\_\_\_ (initials)

6. I agree that should my laptop require any type of **repair**, I will arrange to leave it with PCS until the repair is complete. I understand that **repair(s) done without PCS knowledge and/or consent will result in my assuming all costs incurred.** \_\_\_\_\_ (initials)
7. I agree that **should I need supplies** to operate my laptop or other accessories, **I will contact PCS** and they will arrange my receipt of needed supplies. \_\_\_\_\_ (initials)
8. I agree that PCS will pay for **only the monthly access charge** for my Internet provider (AOL) and that **all other charges** (i.e. phone bill charges) will be my responsibility. \_\_\_\_\_ (initials)
9. I agree that while my Internet provider (AOL) may offer me the opportunity to purchase items or information over the Internet, it will be my responsibility to pay for these items. \_\_\_\_\_ (initials)
10. I agree that I will not use the laptop and **Internet service for downloading and/or sharing copyrighted files** (i.e. music, movies, software). The laptop does not have enough for downloading software and this action could result in the machine not working properly. I understand that I will be help liable for sharing copyrighted files with others and/or for the presence of any copyrighted files on the laptop. \_\_\_\_\_ (initials)
11. I agree that **PCS will keep information** on my (AOL) Internet account for access when necessary. \_\_\_\_\_ (initials)
12. I agree that **PCS may request the loaned equipment at any time** for assessment, cleaning, and to review the status of my participation in the Laptop Program. I acknowledge that **I will take back the requested equipment upon request** of PCS Staff **within 72 hours.** \_\_\_\_\_ (initials)
13. I agree that **as a participant** in the Laptop Program, **I am required to attend** various trainings, update meetings, and group user meetings. Also to **maintain on-going communication** with PCS Staff, including when requested for confirmation to attend meetings or any other related Planning Council or Laptop Program activities. \_\_\_\_\_ (initials)
14. I agree that I have read the **Policies and Procedures** for the Laptop Program and agree to abide by them. I further agree that my **failure to comply** with

program policies and procedures **will result in my being removed from the program and I will be required to return all equipment immediately.**  
\_\_\_\_\_ (initials)

I, the undersigned, understand that I am being loaned a **laptop computer, accessories, and manuals** to allow full participation in the Planning Council activities. This equipment is the property of Planning Council Support. **I agree that the above listed equipment will be used for only Planning Council matters.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date