



# MEMBER VOLUNTEER APPLICATION

Name \_\_\_\_\_ Membership No. \_\_\_\_\_ Region \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Credentials \_\_\_\_\_

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

Educational Preparation (School/degree year): \_\_\_\_\_

National Certification:  Basic  Adv. Cert. Area: \_\_\_\_\_

Authorized Advanced Practice area:  NP  CRNA  NM  Psych CS

Present Employer: \_\_\_\_\_

Present Position: \_\_\_\_\_

Professional/Community Activities: \_\_\_\_\_

## Resource File - for participation in MNA groups

- I am interested in active participation in MNA and I am willing to have my name placed on file for the following state offices (check all that apply):
 

**Future Appointment To** (for consideration when a vacancy exists. These are elected/appointed offices (check all that apply):

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Nominations Committee
<input type="checkbox"/> Congress on Nursing Practice	<input type="checkbox"/> Awards Committee
<input type="checkbox"/> Congress on Health Policy & Legislation	<input type="checkbox"/> Bylaws Committee
<input type="checkbox"/> Congress on Health and Safety	<input type="checkbox"/> Convention Committee
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Diversity Committee
<input type="checkbox"/> Education Committee	<input type="checkbox"/> Center for Ethics
<input type="checkbox"/> Addictions Nursing Council	<input type="checkbox"/> NENA Delegate
- I am interested in becoming active on my Regional level. Regional Councils offer a variety of opportunities for your involvement.
  - Regional Council 1 - (413) 584-4607 - Western Mass.
  - Regional Council 2 - (508) 756-5800 - Central Mass.
  - Regional Council 3 - (508) 888-5774 - Southeastern Mass.
  - Regional Council 4 - (781) 584-8012 - Northeastern Mass.
  - Regional Council 5 - (781) 821-8255 - Boston and Western Suburbs

## Expert File - for participation to represent MNA in the nursing community.

- As appointments arise MNA will contact you to the nature, time and place of the activity/event and time commitment required to fulfill this position. What are your areas of expertise?
 

**A. How are you willing to be involved:**

  - Legislative Testimony/Legislative  Media Interviews
  - Writing Articles for **Massachusetts Nurse**/other publications on behalf of MNA
  - Joining Task Forces developed to deal with special issues
  - Represent MNA to Health Care groups  Role or Issue groups
  - Other: \_\_\_\_\_

**B. What is (are) your area (s) of expertise/area in practice of subspecialty/areas of interest which would help us identify your appointment/selection interests (list all):**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**C. Education**

- Academic Educator     Generic     Graduate
- Staff Development
- Continuing Education
- Nursing Informatics (specify aread): \_\_\_\_\_
- Health Care Policy (specify aread): \_\_\_\_\_
- Other: \_\_\_\_\_

**D. Research**

- Nursing Research
- Health Care Research
- Nursing Informatics (specify aread): \_\_\_\_\_
- Health Care Policy (specify aread): \_\_\_\_\_
- Other: \_\_\_\_\_

**E. Please list other nursing/healthcare organizations to which you belong: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_