



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:** _____