



Massachusetts Nurses Association

340 Turnpike Street • Canton, MA 02021 • www.massnurses.org • 781-821-4625 • FAX: 781-821-4445

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: O Basic O Adv. Cert. Area: _____
Authorized Advanced Practice area: O NP O CRNA O NM O 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):

- O Board of Directors O Finance Committee O Bylaws Committee
O Congress on Nursing Practice O Education Committee O Convention Committee
O Congress on Health Policy & Legislation O Addictions Nursing Council O Diversity Committee
O Congress on Health and Safety O At-Large Regional Council O Center for Ethics
O Nominations Committee O NENA Delegate
O Awards Committee

I am interested in becoming active on my Regional level. Regional Councils offer a variety of opportunities for your involvement.

- O Regional Council 1 - 413-584-4607 - Western Massachusetts
O Regional Council 2 - 508-756-5800 - Central Massachusetts
O Regional Council 3 - 508-888-5774 - Southeastern Massachusetts
O Regional Council 4 - 781-584-8012 - Northeastern Massachusetts
O Regional Council 5 - 781-821-8255 - Boston and Western Suburbs

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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 *The MNA Advocate*/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:** _____