MCRA

MICHIGAN CRISIS RESPONSE ASSOCIATION

RE-APPOINTMENT TO THE BOARD APPLICATION

TO BE CONSIDERED FOR RE-APPOINTMENT TO THE MCRA BOARD OF DIRECTORS, AN INDIVIDUAL MUST MEET THE FOLLOWING QUALIFICATIONS:

- SHALL HAVE COMPLETED THE ICISF GROUP AND INDIVIDUAL CRISIS INTERVENTION COURSES;
- BE A MEMBER IN GOOD STANDING OF A CRISIS INTERVENTION TEAM THAT USES THE ICISF MODEL OF INTERVENTIONS AND IS REGISTERED WITH MCRA; AND
- ACTIVE MEMBER ON A LOCAL CRISIS INTERVENTION TEAM.

BOARD MEMBER INFORMATION

NAME: _____

ADDRESS, STATE/ZIP: _____

EMAIL ADDRESS: _____ **ALTERNATE EMAIL:** _____

PHONE #: _____ **ALTERNATE PHONE #:** _____

NAME OF LOCAL MCRA REGISTERED CISM TEAM: _____

COUNTY OF TEAM LOCATION: _____ **# OF YEARS SERVED ON TEAM:** _____

CHECK ONE: ☐ VOTING MEMBER ☐ REPRESENTATIVE **REPRESENTING REGION #:** _____

BY SIGNING BELOW YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THAT THE TERM OF OFFICE IS FOR THREE YEARS; THE BOARD OF DIRECTORS MEET BI-MONTHLY ON THE FOURTH WEDNESDAY FROM 10:00 AM TO 12:00 PM; MEMBERS ARE E XPECTED TO ATTEND AT LEAST THREE (3) MEETINGS OF THE BOARD EACH YEAR.

_____ _____

SIGNATURE OF BOARD MEMBER DATE

PLEASE COMPLETE AND SUBMIT TO NOMINATING COMMITTEE OR

EMAIL COMPLETED APPLICATION TO: INFO@MCRAINC.COM

FOR COMMITTEE USE:

DATE RECEIVED: _____ DATE REVIEWED: _____ DATE OF RE-APPOINTMENT: _____