MICHIGAN CRISIS RESPONSE ASSOCIATION

GENERAL MEMBERSHIP NOMINATION APPLICATION

THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER OF THE MICHIGAN CRISIS RESPONSE ASSOCIATION BOARD OF DIRECTORS. THIS NOMINATION APPLICATION WILL BE USED BY MCRA'S NOMINATING COMMITTEE TO IDENTIFY AND EVALUATE POTENTIAL BOARD CANDIDATES. INDIVIDUALS WHO ARE INTERESTED IN SERVING ON THE BOARD NEED TO BE NOMINATED BY A CISM TEAM MEMBER IN GOOD STANDING FROM THEIR REGION.

TO BE CONSIDERED FOR ELECTION 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
- HAS AT LEAST 3 YEARS OF SERVICE ON A LOCAL CRISIS INTERVENTION TEAM.

IF YOU MEET THE CRITERIA LISTED ABOVE PLEASE COMPLETE THIS FORM AND PROVIDE ALL INFORMATION REQUESTED BY SEPTEMBER 1ST TO BE CONSIDERED FOR BOARD MEMBERSHIP AT THE THE ANNUAL MEETING.

CANDIDATE INFORMATION

NAME: _____

ADDRESS, STATE/ZIP: _____

EMAIL ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE #: _____

NAME OF LOCAL MCRA REGISTERED CISM TEAM: _____

OF YEARS SERVED ON TEAM: _____ COUNTY OF TEAM: _____

REPRESENTING REGION (CHECK ONE): ☐ 1 ☐ 2N ☐ 2S ☐ 3 ☐ 5 ☐ 6 ☐ 7 ☐ 8

DATE OF GROUP CRISIS INTERVENTION TRAINING: _____ (PLEASE PROVIDE COPY OF BOTH CERTIFICATES)

DATE OF INDIVIDUAL CRISIS INTERVENTION & PEER SUPPORT TRAINING: _____

TO BE COMPLETED BY YOUR CISM TEAM LEADERSHIP:

BRIEFLY DESCRIBE THE CONTRIBUTIONS NOMINEE HAS MADE TO YOUR TEAM AND WHY YOU SUPPORT THIS CANDIDACY (ATTACH ADDITIONAL SHEET IF NECESSARY):

_____

_____

_____

_____

_____

_____ _____

SIGNATURE OF TEAM LEADERSHIP DATE

PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL SHEET IF NECESSARY):

WILL YOU HAVE THE TIME TO DEVOTE TO THE MCRA BOARD (MINIMUM OF AT LEAST 4 MEETINGS PER YEAR)?

_____

WHAT DO YOU FEEL THE ROLE OF MCRA SHOULD BE? _____

_____

WHAT DO YOU FEEL ARE PRESENTLY MCRA'S STRONG POINTS? _____

_____

WHERE DO YOU CURRENTLY FEEL MCRA HAS ROOM FOR IMPROVEMENT? _____

_____

HOW DO YOU FEEL YOU CAN HELP STRENGTHEN MCRA? _____

_____

WHAT TALENTS WOULD YOU BRING TO THE BOARD? _____

_____

DO YOU KNOW ANY CURRENT OR PAST BOARD MEMBERS? PLEASE LIST. _____

_____

ARE YOU CURRENTLY SERVING ON ANY OTHER BOARDS OF DIRECTORS? PLEASE LIST. _____

_____

IS THERE ANYTHING ELSE YOU WOULD LIKE THE NOMINATING COMMITTEE TO CONSIDER REGARDING YOUR NOMINATION? _____

_____

_____

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

_____ _____

SIGNATURE OF CANDIDATE DATE

PLEASE SEND COMPLETED APPLICATION AND CERTIFICATES TO:

MCRA NOMINATION COMMITTEE
C/O SUSAN ELBEN
17845 ALMIRA ROAD
LAKE ANN, MI 49650

THIS INFORMATION WILL GO THE NOMINATING COMMITTEE FOR ACTION AND YOU WILL BE NOTIFIED OF THE RESULTS. PLEASE EMAIL ANY QUESTIONS OR CONCERNS TO INFO@MCRAINC.COM.

FOR COMMITTEE USE:

DATE RECEIVED: _____ DATE REVIEWED: _____ DATE APPLICANT NOTIFIED OF STATUS: _____