2019 NJENA Volunteering

# What level of involvement would you like?

We are committed to providing ED nurses with a voice. Please submit this to jatrivettrn@aol.com by Oct 1st, 2018. Thank you.

I am already active at a chapter or state or national level: (Please list involvement)

## Please choose the committee(s) that best interests you. Please circle.

## Communications

## Elections/Nominations

## Emergency Preparedness

## EMS

Finance

Fundraising

Government Affairs

Injury Prevention

Membership

Informatics Chair

## ​Please let us know the amount of time/involvement you wish to have.

[ ]  In person monthly meetings

 [ ]  On line monthly meetings/ Occasional in person

 [ ]  Help out at local meetings once in a while

 [ ]  Participate in public education

 [ ]  Call me and I will try to help/come

## Tell us about yourself…

Are you an ED staff nurse? [ ]  Yes | [ ]  No

Educator? [ ]  Yes | [ ]  No

|  |  |  |
| --- | --- | --- |
|  |  | Please submit this to jatrivettrn@aol.com by Oct 1st, 2018. |
|  |  |  |
|  |  |  |

Manager? [ ]  Yes | [ ]  No

## How many years have you been practicing?

[ ]  1-5 [ ]  5-9 [ ]  10-14 [ ]  14-20 [ ]  >20

## Please Share your contact information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_