



## Application for Nomination to the Board of Directors

Please return this application and a copy of your current resume to Andrea Savino via email at [asavino@trauma-recovery.org](mailto:asavino@trauma-recovery.org), fax to 203-288-4060, or regular mail to Trauma Recovery/HAP, 2911 Dixwell Avenue, Suite 201, Hamden, CT 06518.

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home/Office phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

1. Do you have a current connection to the EMDR community? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your connection?

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2. Please describe what is compelling to you about Trauma Recovery/HAP's Mission *to build capacity for effective treatment of post-traumatic stress disorders in underserved communities anywhere in the world.*

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3. Please describe any past and current experience you have serving on non-profit Boards of Directors.

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4. Please describe what experience and skills you have in the following areas: fundraising, marketing, foundation and grant organizations, corporate leadership, military or academe.

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**Below are some of the Trauma Recovery/HAP goals in the strategic plan too:**

- Increase the number of Basic EMDR therapy workshops and specialty training events.
- Expand the awareness and use of EMDR therapy in special populations.
- Build the Trauma Recovery Network (a local team of EMDR clinicians working together in preparation of traumatic events in their communities).
- Promote general public awareness of trauma, PTSD and treatment.
- Continue efforts to develop mental health systems, using EMDR therapy, in third world countries.

5. How do you hope to contribute to the success of Trauma Recovery/HAP in attaining these goals?

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6. Why are you interested in serving on Trauma Recovery/HAP's Board of Directors?

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7. Can you fulfill all of the requirements of the Job Description of a Board Member, including attending all the teleconference meetings and the two in person meetings per year? The conference calls are generally between 1-2 hours in duration; there is a 2-day meeting on a weekend in early spring, and a one day board meeting at the annual EMDRIA (EMDR International Association) Conference each year. The EMDRIA conference changes location every year.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please supply three references, **one** of which is a member of the EMDR community.

Please enter the name, address, telephone number, email address and your relationship/how you know the person.

1. \_\_\_\_\_  
Name Address (street, city, state, zip)

\_\_\_\_\_  
Phone Number Email Address Relationship

2. \_\_\_\_\_  
Name Address (street, city, state, zip)

\_\_\_\_\_  
Phone Number Email Address Relationship

3. \_\_\_\_\_  
Name Address (street, city, state, zip)

\_\_\_\_\_  
Phone Number Email Address Relationship