

## APPLICATION FOR NOMINATION TO THE BOARD OF DIRECTORS

Thank you for your interest in joining the Trauma Recovery/HAP Board of Directors. Please send your completed application, your CV and/or resume to [executivedirector@emdrhap.org](mailto:executivedirector@emdrhap.org).

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email address \_\_\_\_\_

1. Describe how the mission of Trauma Recovery/HAP resonates with you and/or inspires you?

*Mission: To increase the capacity for effective treatment of psychological trauma in underserved communities anywhere in the world.*

2. What interests you most in serving on Trauma Recovery/HAP's Board of Directors?

3. Do you have a current connection to the EMDR or trauma community? Please describe.

4. What experience and/or skills do you have in the following areas: legal, fiscal management, marketing, development, grants, fund raising, research or clinical?

5. Are there other skills or experience(s) you have that you feel would benefit our organization?

6. Below outlines goals that Trauma Recovery/HAP is working towards:

- Build and support the Trauma Recovery Network® (local teams of EMDR clinicians working together to be prepared for the psychological aftermath of potential traumatic events in their communities).
- Increase the number of Basic EMDR Workshops and Specialty training events.
- Expand the awareness and use of EMDR in special populations.
- Promote public awareness of trauma, PTSD and treatment.
- Continue efforts to develop mental health systems, using EMDR, worldwide.

How do you hope to contribute to the organization's success in reaching these goals?

7. Can you fulfill all the requirements for a Board Member as outlined in the [Board of Director Responsibilities](#) and [Job Description](#)? If not, please explain.

8. Please tell us more about your past work and volunteer experience.

Thank you for completing the Trauma Recovery/HAP Board Member Application. It is our goal to respond to all applications within 5 business days. To learn more about our Board, please visit our website:

<https://www.emdrhap.org/about/board-of-directors/>



Applicant Legal Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_