

**NPSN CONVENER APPLICATION**

Complete and return to the NPSN (addresses on the back of this form)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State ZIP

Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly tell us why you would like to serve as a convener:
2. What skills do you have that will assist you in being a convener?
3. We request that conveners have cumulatively at least 2 years of sobriety. What is your total time in recovery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your sobriety date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Are you able to commit to convening 1 or more meetings a month and attend a quarterly conveners meeting? \_\_\_\_\_ yes, \_\_\_\_\_ no
5. Describe your professional experience in nursing:
6. Describe any other volunteer experiences you have had:

(over)

1. Describe any other skills, talents or experiences that you have and would be willing to share with the Nurses Peer Support Network (i.e. marketing, newsletter writing/development, artwork, brochure development, website updating, social media, public speaking, etc.).

**As a convener, I will serve to the best of my ability in the best interest of nurses and the Nurses Peer Support Network and are committed to supporting an abstinence-based recovery program.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan and send completed form to: lewis006@umn.edu or beckielillehei@gamil.com or mail via the USPS to: Jim Lewis, 1659 Fernwood Street, Saint Paul MN 55108