



WANT TO STAY INVOLVED WITH THE CARE CENTRE & HELP OTHER IENS?
ALUMNI NETWORKING GROUP SIGN UP FORM

The CARE Alumni Networking Group is a group of previous CARE members that want to stay connected to share their knowledge, experience and support with each other, the CARE Centre and its current members.

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PLEASE WRITE CLEARLY

NAME: _____ COUNTRY OF ORIGIN: _____
PHONE: (Home) _____ REGISTRATION: [] RN [] RPN
(Cell) _____ NAME OF YOUR COMPANY: _____
ADDRESS: _____ NURSING AREA/ SPECIALIZATION: _____
EMAIL: _____ ARE YOU PURSUING RN BRIDGING PROGRAM?: _____

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INTERESTED IN PARTICIPATING IN THE CARE ALUMNI NETWORKING GROUP ACTIVITIES: [] Yes [] No
WOULD YOU LIKE TO BE INVITED AND JOIN OUR FACEBOOK ONLINE GROUP? [] Yes [] No

I NEED SUPPORT IN THE FOLLOWING AREAS:

- [] Professional Development (i.e. Specialized seminars and workshops)
[] Mentoring/ Networking (i.e. Develop new contacts or support system within the nursing field)
[] Employment/ Workplace Support (i.e. Employment opportunities, Workplace standards etc.)
[] Information on continuing education for RN/ RPN (i.e. certifications, courses, programs etc.)
[] Information on current nursing developments
[] Other: _____

I AM INTERESTED IN VOLUNTEERING MY TIME IN THE FOLLOWING:

- [] PROFESSIONAL DEVELOPMENT
• Teach and provide nursing related seminars and workshops (i.e. dialysis, diabetes, IV, etc.)
• Provide current information on new nursing developments and resources (i.e. seminars/ workshops)
[] MENTORING/ NETWORKING SUPPORT
• Help other nurses prepare for the registration exam
• Be a friend or mentor to a current CARE member
• Provide employment/ workplace support
• Help other nurses connect to their cultural nurse associations (e.g. Korean Nurses Association)
[] MEDIA RELATIONS AND ADVOCACY
• Public speaking to represent CARE for Nurses (e.g. media/conferences/presentations)
• Advocate for individuals and a fair system for internationally educated professionals
[] EVENT AND FUND RAISING
• Help organize and participate in alumni events (e.g. seminars, workshops, networking events etc.)
• Help with CARE's fundraising campaign/ events

I give permission to have my name, address, telephone number and area of nursing specialization included in a CARE Alumni Directory (that may be shared with other CARE Participants): [] Yes [] No

SIGNATURE OF THE ALUMNI MEMBER _____ DATE _____
(please use the self stamp envelope and mail this back to CARE)