

Center on Frail and Vulnerable Elders (COFVE)

The University of Michigan School of Nursing

Membership Application Form

(Please print or type information)

Membership Category: (circle one)

Regular (U of M Faculty)

Associate (U of M Non-Faculty; i.e. Post Doc Fellow and those with external affiliations such as faculty at Eastern)

Student – Requires faculty sponsor (Any student in SON with interest)

Name & degree(s) _____

Title _____

SON/Department or Agency Affiliation _____

Address _____

Phone Office _____ Home _____

Fax number _____

E-mail address _____

Name of faculty sponsor submitting supporting statement _____

(for students only)

1. Briefly summarize your research interests (< 50 words).

2. Indicate current projects:

Project title: _____

Your role _____

Funding source, if any _____

Start and end date _____

Faculty advisor, if applicable _____

Project title: _____

Your role _____

Funding source, if any _____

Start and end date _____

Faculty advisor, if applicable _____

Project title: _____

Your role _____

Funding source, if any _____

Start and end date _____

Faculty advisor, if applicable _____

3. Please list relevant publications to COFVE (attach additional pages as needed).

4. Please state how your research/scholarly/clinical interest fits within the broad goals of COFVE.

5. Summarize the manner in which you foresee participation in COFVE's research, clinical, educational and/or policy initiatives.

OR

The following is a list of the types of COFVE activities. Please indicate which activities would be of most interest to you. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Competition for pilot study monies | <input type="checkbox"/> Community-based activities |
| <input type="checkbox"/> COFVE educational activities | <input type="checkbox"/> Collaborative grant proposals |
| <input type="checkbox"/> Mentoring doctoral students/postdoctoral fellows | <input type="checkbox"/> Mock reviews of grant proposals prior to submission |
| <input type="checkbox"/> Clinical focused activities | <input type="checkbox"/> Other, please describe |

6. Please specify how you expect to benefit from your membership in COFVE.

7. Sponsoring member statement (*for students only*):

Applicant signature

Sponsor signature

Date

Date

A copy of your current curriculum vitae must accompany this application.

Please submit the completed application plus two copies to:
 Center on Frail and Vulnerable Elders (COFVE)
 400 N. Ingalls, Room 2320, Box 0482; Attention: Donna Algase
 (734) 615-3714 dalgase@umich.edu