



Employee Assistance Roundtable Application for Emeritus Membership

(Please note that all fields are required)

Name: _____

Previous Organization/s: _____

Years involved with EAR: _____

Address: _____
Street and/or Post Office Box

_____ City State Zip Code

Telephone with area code: _____

Email address: _____

Your current employment status (Please check one):

- Fully retired
- Working part- or full-time in a job unrelated to mental health/substance use or EAP
- Retired with some mental health/substance use or EAP part-time and/or contract work

Do you currently do any of the following (Please check all that apply):

- Contract EAP work
- Consulting related to EAP
- Working for an organization that could potentially market, respond to RFPs, or sell EAP or EAP-related products to any of our member organizations

Scope of any current or anticipated full- or part-time mental health/substance treatment or EAP-related work (Please outline):

The Roundtable exists to provide a confidential forum for leaders of embedded EAPs to discuss the challenges and opportunities of providing embedded EAP openly and confidentially. Those who consult, sell, or are employed by those who could potentially market, respond to RFPs, or sell EAP or EAP-related products to any of our member organizations are not eligible for membership. Please explain any potential conflicts of interests:

Brief list of reasons for desiring emeritus membership in EAR:

Further information, if desired:

The board reserves the right to revoke the emeritus membership at its sole discretion. EAR is a unique organization dedicated to its mission to serve its member organizations. Any emeritus status member with conflict/s of interest or that becomes disruptive to the spirit, values, or mission of EAR will have their membership revoked.

As a reminder to all members, guests, visitors and presenters, information shared during EAR gatherings online, telephonically, or face-to-face is to be held in the strictest confidence. This includes discussion of industry trends, specific member announcements, sharing of experiences with vendors, and employment opportunities. Unless specifically released by a member employer from this custom of holding such information in private, all EAR members, guests, visitors and presenters will adhere to this policy of confidentiality.

I have read and understand this Statement of Confidentiality. I know that I can approach any current Board Member in the future for clarification of this obligation.

In addition, I certify that I do not consult, sell, nor am I employed by those who could potentially market, respond to RFPs, or sell EAP or EAP-related products to any EAR member organization. Should I begin to do any of the above-mentioned activities, I will immediately notify the EAR Board and if deemed appropriate resign my membership.

Signature

Printed Name

Date

Please forward completed application to EAR Membership Chair: Jeff Davis jdavis2@kesouthern.com.

Upon receiving your completed application, the Board of Directors reviews all applications and, as determined by a majority vote, recommends applicants to the Membership for approval. In accordance with EAP By-Laws, the Membership has 30 days from the distribution date to voice any objection. After the 30 days, you will receive information regarding your membership status and the next steps.