

Rainier Olympic Nurses Association

CONSENT - TO – SERVE

PCNA/RONA Elected Office and Committee Appointments

I consent to serve on the Rainier Olympic Nurses Association Board of Directors. The position I am seeking is: (please check)

President (facilitates regular monthly meetings of the Board of Directors, ensures Board operates according to by-laws, and serves as official spokesperson)

Vice-President (assumes President's duties in the absence of President, serves on committees and as resource person)

Secretary (keeps minutes of all membership meetings and monthly Board of Directors' meetings)

Treasurer (prepares annual budget for BOD approval, monitors fiscal affairs of PCNA, and liaises with CPA, oversees annual financial review, serves as chairperson of Finance Committee)

Board of Director (exercises responsibility and fiduciary duties and coordinates functions and activities of the Rainier Olympic Nurses Assn.)

MEMBER INFORMATION Name: _____

Address: _____

City: _____

Home Number: _____ Work: _____ E-mail Address: _____

PROFESSIONAL EXPERIENCE Present Position: _____

Employer: _____

If not presently employed in nursing, please list your last position: Occupation: _____

Employer: _____

PROFESSIONAL ACTIVITIES Present offices:

WSNA _____

PCNA _____

Local Unit _____

National Office _____

Previous Offices:

WSNA _____

PCNA _____

Local Unit _____

National Office _____

PERSONAL INFORMATION Professional Memberships, interests, community involvement, family, etc.

If elected or appointed to the Rainier Olympic Nurses Board of Directors or Committee, it is my obligation to attend meetings. If I am unable to fulfill this commitment, I will resign.

Signature

Printed Name

Date

Rainier Olympic Nurses Association

253.572.7337

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