



## Willingness to Serve Form

I am interested in becoming a more active member in the Northwest PeriAnesthesia Nurses' Association (NPANA). I give my consent to run for office on this year's ballot. I understand that if I am elected to this office I will perform all the duties of this office as outlined in the current bylaws of the organization. I will attend all Board of Directors meetings unless excused by the President. Upon retiring from the office, I will turn over all records and property of the Association.

After reading the above statements, I give my consent to be nominated for the office of:  
\_\_\_\_\_ for the year \_\_\_\_\_.

**Personal** Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Home Fax ( ) \_\_\_\_\_  
Home e-mail address \_\_\_\_\_

**Employment** Employer Name/Address \_\_\_\_\_  
Position \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Work Fax ( ) \_\_\_\_\_  
Work e-mail address \_\_\_\_\_

**Background** Number of years as an NPANA member : \_\_\_\_\_  
Number of years in perianesthesia nursing: \_\_\_\_\_  
Certification(s): \_\_\_\_\_

**Professional Involvement** Indicated involvement with professional associations/organizations  
Associations: \_\_\_\_\_  
Office(s) held: \_\_\_\_\_  
Committee(s): \_\_\_\_\_  
Other involvement: \_\_\_\_\_

**Goals for NPANA** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References** List two person knowledgeable of you professional activities:  
1. Name : \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: **Immediate Past President**