

2023 Consent to Serve   
Providence Registered Nurses – President

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to serve as an elected leader of the **Providence Registered Nurses Bargaining Unit – AaNA** in the position of **President** for the term January 2024 to January 2026. I will carry out the functions of the office as stated in the Providence Registered Nurses Bargaining Unit Rules and Alaska Nurses Association’s Bylaws, Policies and Procedures.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\_\_\_ I certify that my typed name represents my legal signature.***

**Please complete and return the**

**Consent to Serve**

**by January 15, 2024**

**Submit an electronic copy of this form to** [**andrea@aknurse.org**](mailto:andrea@aknurse.org)

**Submission may also be completed via mail to:**

**Alaska Nurses Association – Nominating Committee**

**3701 E. Tudor, Suite 208, Anchorage, AK 99507**

**Or Fax: (907) 272-0292**

**Biographical Data Form**

**1. Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include degrees and certifications)

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include department & city/town where employer is located)

Present Employment Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Years of experience as an RN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Past 5 years of Professional Experience in Nursing or Related Positions**

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Position, Title, Employer, Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position, Title, Employer, Dates

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Position, Title, Employer, Dates

**4. AaNA or other Organizational Experience**  
*Please describe your involvement, leadership, and/or volunteering experience with AaNA and/or other organizations.* *Include level of education here if desired.*

**5. Statement of Interest**

*Please provide one paragraph on why you wish to hold this position within AaNA and your goals for the position.*