

## **2023 Consent to Serve**Providence Registered Nurses – President

I certify that my typed name represents	my legal sig	nature.				
Signed	[	Date				
Policies and Procedures.						
Providence Registered Nurses Bargaining	Unit Rules	and Alasl	ka Nurse	es Associ	ation's I	3ylaws
term January 2024 to January 2026. I wil	I carry out th	e functio	ons of th	e office a	as stated	d in the
Providence Registered Nurses Bargain	ing Unit – A	aNA in t	the posit	ion of <b>Pr</b>	esident	for the
Ι,	, consent t	o serve	as an	elected	leader	of the

Please complete and return the Consent to Serve by January 15, 2024

Submit an electronic copy of this form to 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 Position, Title, Employer, Dates Position, Title, Employer, Dates Position, Title, Employer, Dates

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.