



**Alaska Nurses  
Association**  
PROVIDENCE  
REGISTERED NURSES

**2024 Consent to Serve**  
Providence Registered Nurses – Representative to Labor Council

I, \_\_\_\_\_, consent to serve as an elected leader of the **Providence Registered Nurses Bargaining Unit – AaNA** in the position of **Representative to the AaNA Labor Council** for the term January 2025 to January 2027. 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 December 6, 2024**

**Submit 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

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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.*