



## Washington State Council of Perioperative Nurses Willingness-To-Serve Form

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Previous offices or positions held in WSCP and dates:

Membership and activities in other professional organizations:

I submit my name to run for the office/position of:

- ☐ President-Elect (yearly) ☐ Treasurer (even years) ☐ Secretary (odd years)  
☐ Registrar ☐ Committee Chair on \_\_\_\_\_ committee.

**and / or**

to be considered on the following committee:

- ☐ Bylaws ☐ Legislative ☐ Membership ☐ Program ☐ Scholarship  
☐ Exhibit/Vendor Chair

**or**

to work at the next conference/expo:

- ☐ AV Support ☐ Session Moderator ☐ Vendor Fair Assistant

☐ Other \_\_\_\_\_

Please email to Stephanie Davis at: [Stephanie.davis@swedish.org](mailto:Stephanie.davis@swedish.org)