

DELEGATE /ALTERNATE WILLINGNESS-TO-SERVE FORM

Name _____

Address _____

Cell Phone _____ Home Phone _____

E-mail _____ Work Phone _____

Hospital _____

Address _____

Have you served as a delegate / alternate before? _____

If yes, how many times? _____

Years AORN of The San Francisco Bay Area chapter member _____

POINT CRITERIA

Attendance at meetings during the last 12 months _____
Board, educational or committee meeting (1 point per meeting)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Speaker at AORN meeting (2 points per meeting) _____

Attendance at other chapter event (1 point per session) _____

Event _____

Event _____

Event _____

Event _____

Committee/Workshop CHAIR (2 points per committee) _____

Committee _____

Committee _____

Committee MEMBER (1 point per committee) _____

Committee _____

Committee _____

Committee _____

Special projects CHAIR e.g., ad hoc committees, fund-raising,
OR Nurse Day, etc. (2 points per project) _____

Project _____

Project _____

Special projects committee MEMBER, e.g., ad hoc committees,
fund-raising, OR Nurse Day, etc. (1 point per project) _____

Project _____

Project _____

Project _____

Officer current year (3 points)
Office _____

Board member current year (2 points) _____

National committee member current year (3 points)
Committee _____

National committee chair current year (4 points)
Committee _____

CNOR (2 points) _____

TOTAL _____

Summarize briefly below why you would like to serve as a delegate / alternate and why you should be selected.

Submit application by **December 31, 2023**.
Please email to aornfiammengo@gmail.com.