



## NORTHWEST PERIANESTHESIA NURSES' ASSOCIATION

### Willingness to Serve: Board of Directors

I am interested in becoming a more active member in the Northwest PeriAnesthesia Nurses Association (NPANA). I give my consent to run for office on this year's ballot for Board of Directors. I understand that if I am elected to this office I will perform all the duties of this office as outlined in the current bylaws of NPANA. I will attend all Board of Directors meetings unless excused by the president. Upon completion of my term, or if otherwise relieved of the office, I will return all NPANA records and property to the association.

After reading the above statements, I give my consent to be nominated for the office of \_\_\_\_\_

to begin the fall of (year) \_\_\_\_\_.

**Personal** Name & Credentials \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Employment** Employer Name/Address \_\_\_\_\_  
Position \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Work Fax ( ) \_\_\_\_\_

**Background** Number years as an NPANA member \_\_\_\_ Number years in PeriAnesthesia Nursing \_\_\_\_  
Certification(s): \_\_\_\_\_

**Professional Involvement** List involvement with professional associations/organizations:  
Association/ Office(s) held: \_\_\_\_\_  
\_\_\_\_\_  
Committee(s) \_\_\_\_\_  
Other Involvement \_\_\_\_\_

**Goals for NPANA:** \_\_\_\_\_  
\_\_\_\_\_

**Please indicate your comfort using the following: (1 is least comfortable; 5 is most comfortable)**

Microsoft Word© _____	Email Communication _____	Social Media (Facebook/Twitter/Instagram) _____
Microsoft Excel© _____	Lync/Skype Meeting _____	Continuing Nurse Education (CNE) Process _____
PowerPoint© _____	Quickbooks© _____	Website host/development _____
		Constant Contact© _____

**Two references knowledgeable about your professional activities:**

1) Name \_\_\_\_\_ Position \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Position \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return form to: Immediate Past President (Email address: [npanapastpresident@gmail.com](mailto:npanapastpresident@gmail.com); more information can be found at [www.NPANA.org](http://www.NPANA.org))