Nomination Time for Staffing Committee & Executive Committee

The following Executive Committee positions are open for partial terms:

**Secretary/Treasurer** - The duties shall be to send out notices of all meetings, keep minutes of the meetings, and be in charge of all money transactions and record-keeping, with periodic verbal and written reports to the bargaining unit. (Bank statements accepted as reports.)

**Membership Committee Chairperson** - The duties shall be to encourage membership of the bargaining unit RNs inONA, to acquaint newly hired RNs to the benefits of belonging to ONA, and to provide a slate of candidates for elections.

**Grievance Committee Chairperson** - The duties shall be to provide continuity by keeping members informed of grievance procedures and results. The Grievance Committee Chairperson shall investigate grievances and participate in the representation of nurses in grievance proceedings.

Currently accepting nominations for staffing committee positions will be open for 30 days.

SEND IN NOMINATION FORM

**Mail to:** Amber Cooper  
Oregon Nurses Association  
18765 SW Boones Ferry Road  
Suite 200  
Tualatin, OR 97062-8487

**Fax to:** 503-293-0013

**Attn:** Amber Cooper

**Email to:** cooper@oregonrn.org

**Deadline is July 19, 2018!**

To learn more about the staffing committee and Oregon's Staffing law take a look at following resources: https://www.oregonrn.org/general/custom.asp?page=113
**Committee Nomination Form**

Staffing Committee and Alternate positions & Executive Team partial terms

<table>
<thead>
<tr>
<th>Committee</th>
<th>Alternate</th>
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<tbody>
<tr>
<td>ICU/CCU</td>
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<tr>
<td>Family Birth Center (FBC)</td>
<td>FBC</td>
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<tr>
<td>Medical/Surgical</td>
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<td>Emergency Department</td>
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<td>Hospice</td>
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<td>Infusion/Oncology</td>
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<td>Surgery</td>
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<tr>
<td>Same Day Surgery/PAT</td>
<td>Same Day Surg/PAT</td>
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Printed name of person completing form: ____________________________________________

Your email address: __________________________________________________________________

Printed name: ____________________________________________

Signature: ____________________________________________

Date: ____________________________________________

Home email: ____________________________________________

Mobile phone: ____________________________________________

Best time to reach me: ____________________________________________