Oregon Nurses Association / Grande Ronde Hospital
Nomination & Consent to Serve Form

RETURN to Bill Leary, Secretary/Treasurer; fax to the ONA office at 503-293-0013; or email Ateusa at Salemi@OregonRN.org no later than July 25, 2019

Please try to gather a signature from every person that you nominate, including yourself. We must have a signature (which serves as a consent to serve) from each nurse before their name can appear on the ballot.

**DEADLINE IS July 25, 2019!**

Please nominate someone from your department as well as an alternate. Each of the following departments are represented on the committee:

**Printed name of person completing form:** __________________________

**Your email address:** __________________________

**Name of the person you are nominating from the below position:**

- Family Birthing Center (FBU) __________________________
- Medical-Surgical (Med/Surg) __________________________
- Critical Care Unit (CCU) __________________________
- Emergency Department (ED) __________________________
- Surgical Services Unit (SSU) __________________________

*(The nominee must submit a consent to serve form prior to election or appointment)*

**Office/Position nominating for:** __________________________

- Insurance Committee: (4 positions) __________________________
- Safety Committee (1 position) __________________________

**You must be an ONA member to serve.**

If you have questions, contact Ateusa by cell at 541-571-8552 or by e-mail at Salemi@OregonRN.org

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CONSENT TO SERVE

If appointed/nominated, I consent to serve for the following offices (list all that apply):

________________________________________

**Signature**   **Printed Name**   **Date**

**Home email:** __________________________
**Mobile phone:** __________________________
**Best time to reach me:** __________________________
**Best way to reach me:** __________________________