

## Talent Bank & Consent to Serve Form for Election and Appointment

Oregon Nurses Association, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062

Telephone: 503.293.0011, 800.634.3552 Fax: 503.293.0013 E-mail: ona@oregonrn.org

**What is the ONA Talent Bank?** The Talent Bank is a central file in which ONA members can register their interest in serving in elected and appointed positions. Because this bank is updated annually, you must complete a new form each year.

Nominees will provide the Nominations Committee a completed Consent to Serve which will include the nominee's resume detailing work history as a RN and length of time as an ONA member in good standing and a signed affirmation (attached).

Return completed Consent to Serve Form to Nominating Committee, ONA, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062, or fax: 503.293.0013. Failure of a nominee to provide a completed and correct Consent to Serve by the deadline will result in the Nominating Committee excluding a nominee from the ballot. The Nominating Committee will timely provide the nominee written notice of its reasons for excluding the nominee from the ballot. The Nominating Committee's exclusion may be appealed to the Elections Committee. Any information you provide in the Talent Bank and Consent to Serve Form may be published in the ONA Candidates Information.

**Instructions:** Mark all Elected/Appointed Positions in which you may be interested in serving (please prioritize choices if you have more than one choice).

### Board of Directors:

- ☐ President
- ☐ Vice-President
- ☐ Secretary
- ☐ Treasurer
- ☐ Director

- ☐ Health Policy
- ☐ Human Rights and Ethics
- ☐ Nursing Practice and Research

### Entities:

- ☐ Oregon Nurse Political Action Committee
- ☐ Oregon Nurses Foundation
- ☐ ANA Delegate

### Committees:

- ☐ Bylaws (appointed)
- ☐ Committee on E&GW Nominations (elected)
- ☐ Nominating Committee (elected and appointed)

### Other:

- ☐ Ad Hoc Practice Taskforce
- ☐ ANA Elected/Appointed Office
- ☐ NFN Elected/Appointed Office
- ☐ NFN Delegate

### Cabinets:

- ☐ Education
- ☐ E&GW

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### Offices/Appointments with the Oregon Nurses Association

***All sections marked with an asterisk (\*) must be completed.***

**\*Office/Position applying for:** \_\_\_\_\_  
(This application is not valid unless the position is indicated.)

\* ☐ **ELECTED** ☐ **APPOINTED** If appointed or elected, I agree to serve

\*Signature

\*Date

\*Print your name

\*Personal Email

Former name(s)

\*Present Employer(s)

Print your credentials

Mailing Address

City, State, Zip

Home phone number

Cell number

Work phone number

RN License Number

## REQUIRED DEMOGRAPHIC AND BIOGRAPHICAL INFORMATION

1. Year graduated from nursing school. \_\_\_\_\_
2. Name of nursing school. \_\_\_\_\_
3. Name of other higher education institutions where degree obtained. \_\_\_\_\_
4. Oregon State Board of Nursing license number. \_\_\_\_\_
5. All other State Board License numbers. \_\_\_\_\_
6. Highest level of education (CHOOSE ONE ONLY)
  - ☐ Diploma
  - ☐ Associate degree in nursing
  - ☐ Associate degree, non-nursing
  - ☐ Baccalaureate in Nursing
  - ☐ Baccalaureate, non-nursing
  - ☐ Master's degree in Nursing
  - ☐ Master's degree, non-nursing
  - ☐ Doctorate in Nursing (PhD, DSN, DNSc)
  - ☐ Doctorate, non-nursing (PhD, EdD, ScD)
7. List of all employers worked for as a registered nurse, including current employer(s), in chronological order with approximate dates of employment and position held (staff nurse, supervisor, manager, academic, executive, administrator, consultant, case manager, etc.).
8. Your current primary nursing specialty (choose only one):
  - ☐ Community or Public Health nursing
  - ☐ Critical Care, NICU
  - ☐ Emergency, Trauma
  - ☐ End of life care/palliative care
  - ☐ Family nursing
  - ☐ General medical, medical surgical,  
                general surgical
  - ☐ Gerontology
  - ☐ Home Health
  - ☐ Maternal and child health
  - ☐ Occupational health
  - ☐ Operating Room, PACU
  - ☐ Pain management
  - ☐ Pediatrics
  - ☐ Psychiatry/behavioral health
  - ☐ School health
  - ☐ Women's health
  - ☐ Other \_\_\_\_\_
9. Your current work status (choose all that apply):
  - ☐ Retired
  - ☐ Work full-time
  - ☐ Work part-time
  - ☐ Work 64 hours or less a month on  
                average
  - ☐ Represented by ONA for collective bargaining
  - ☐ Not represented by ONA Collective Bargaining
10. List of all ONA leadership positions have held or currently hold with approximate dates.
11. Additional volunteer information you would like to provide:
12. Please attach a separate sheet stating the reason you should be elected or appointed and how you would contribute to the position. (Maximum word limit is 200. Message will be edited if over the word limit.

## Attestation Form

I declare and affirm the following is true and correct to the best of my knowledge, information and belief:

I have been, am currently, and will remain an ONA member in good standing.

I have not received and will not take anything of value from **any** employer or labor organization to promote my candidacy. This includes the receipt of monies or the use of facilities, equipment, labor, or supplies free of charge or at a discounted rate.

I have not been convicted of, or served any part of a prison term resulting from my conviction of, robbery, bribery, extortion, embezzlement, grand larceny, burglary, arson, violation of narcotics laws, murder, rape, assault with intent to kill, assault which inflicts grievous bodily injury, or a violation of title II or III of the Labor-Management Reporting and Disclosure Act of 1959, any felony involving abuse or misuse of such person's position or employment in a labor organization or employee benefit plan to seek or obtain an illegal gain at the expense of the members of the labor organization or the beneficiaries of the employee benefit plan, or conspiracy to commit any such crimes or attempt to commit any such crimes, or a crime in which any of the foregoing crimes is an element.

I am not and will not engage in dual unionism and I will refrain from dealing with ONA or affiliates as an adverse party or on behalf of an adverse party as defined in the ONA Bylaws.

I have been an ONA member in good standing at the time of nomination or appointment and for two (2) years immediately preceding the call for nominations or appointment.

I am not a supervisor or manager of nurses ONA represents for purposes of collective bargaining.

I am not a supervisor or manager of nurses that ONA is actively seeking to represent for purposes of collective bargaining.

I am licensed to practice as a registered nurse in at least one state, territory, possession, or the District of Columbia of the United States or I am a retired registered nurse as defined by the applicable governmental accrediting or licensing agency.

I do not currently have a license under revocation or under suspension from practice for professional misconduct in any jurisdiction.

I currently reside in Oregon, or I have resided in Oregon in the previous four (4) years, or I maintain a residence in Oregon, or I work as a registered nurse for an employer in Oregon, or that is represented by ONA for purposes of collective bargaining.

My dues are not delinquent.

I will abide by the ONA Bylaws and adopted policies.

To determine that the above is true and correct, I hereby give permission to the Nominating Committee to verify my employment history, my membership status, and my criminal history record. I understand that the criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that the Nominating Committee will use the information it collects to determine my eligibility to serve as a member of the Board. Further, I understand that the Nominating Committee will timely provide me written notice of any reasons for excluding me from the ballot. I also understand that I can appeal the Nominating Committee's decision to the Elections Committee. Lastly, I understand that any incomplete or incorrect information may result in me being ineligible to serve.

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Signature

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Date

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Print Name

*Return completed form to Nominating Committee, ONA, 18765 SW Boones Ferry Road, Suite 200,  
Tualatin, OR 97062, or fax: 503.293.0013.*