Oregon Nurses Association/Providence St. Vincent
Medical Center Steward Pledge

I, ________________________________, pledge to fulfill my duties as a steward for my unit/department to the best of my ability. My duties as a steward include:

• Assisting nurses in my unit with their questions and concerns regarding work related matters;
• Ensuring that our Oregon Nurses Association (ONA) contract is followed in my unit;
• Attempting to resolve concerns about potential contract violations in my unit before filing a grievance;
• Referring any potential grievances in my unit to a member of the grievance committee in a timely manner and requesting any needed extensions to preserve contractual grievance timelines;
• Posting notices and newsletters on my department bulletin board and ensuring that materials on the bulletin board are kept up-to-date;
• Talking with nurses on my unit on an ongoing basis about ONA activities hospital-wide;
• Participating in at least three steward meetings or events each year.

I pledge that I will talk to my grievance committee liaison when I have questions or need assistance in carrying out these duties. I also pledge that I will treat all nurses in a fair and equitable manner, and will always strive to represent the needs and interests of the majority of nurses on my unit.

I also pledge that I will preserve open, regular two-way communication with my grievance committee liaison through both personal (non-work) email and phone; and will promptly inform ONA of any changes to my personal email and phone number to ensure that communication is not interrupted.

_________________________________________ _______________________  
Signature Date

_________________________________________________________________________________
Personal email address (required)

(______) _________ - ____________       □ Home       □ Cell
Primary personal phone (required)

(______) _________ - ____________       □ Home       □ Cell
Secondary personal phone (required)

I agree that ONA may post the following pieces of contract information on flyers to be posted on the hospital and on the ONA/Providence St. Vincent Medical Center bargaining unit website (check as many as you like, but you must select at least one):

□ Primary Phone          □ Secondary Phone          □ Email