Nominate any active member you would like to serve. Please get their signature so we know that the nurse you nominate is willing to serve if appointed.

Printed name of person completing form: ________________________________

Your email address: _________________________________________________

**Nominations:**

- Alternate Critical Care (Teli/ICU) ______________________________________
- Alternate Acute Care/Med Surg & Rehab _________________________________
- Alternate First Impressions (OB) ______________________________________
- Alternate Emergency Department _______________________________________
- Alternate Celilo _____________________________________________________
- Alternate Surgery, SDS, Endo & Anti-Coag _______________________________

**DEADLINE IS August 30, 2018!**

You must be an ONA member to serve.
If you have questions, contact Amber Cooper at 503-293-0011 or cooper@oregonrn.org

CONSENT TO SERVE

If appointed/nominated, I consent to serve for the following unit:

______________________________

______________________________

Printed Name Signature Date

Home email: ____________________ Mobile phone: ________________

Best time to reach me: ________________ Best way to reach me: ________________