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.

Please nominate someone from your department as well as an alternate. For nurses in smaller units, the PWFMC Bargaining Unit Chair will determine how many signatures will be needed and if/how smaller units will be combined.

Printed name of person completing form: ________________________________

Your email address: ___________________________________________________

Name of the person you are nominating for the steward position:

Name: ________________________________ Date: ____________

Name: ________________________________ Date: ____________

Name: ________________________________ Date: ____________

Name: ________________________________ Date: ____________

Name: ________________________________ Date: ____________

(The nominee must submit a consent to serve form prior to election or appointment. This form must be complete and submitted within 14 days of collecting the first signature.)

You must be an ONA member to serve.

If you have questions, contact Lisa by phone at 503-293-0011 ext. 1319 or by e-mail at Donoho@OregonRN.org

CONSENT TO SERVE

If appointed/nominated, I consent to serve for the steward position:

__________________________

Signature Printed Name Date

Home email: ____________________________ Mobile phone: ________________

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