Oregon Nurses Association / Sacred Heart Home Care Services (SHHCS)
PNCC Nomination & Consent to Serve Form

RETURN by fax to 503-293-0013 or by photograph to lay@oregonrn.org

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 Monday, Feb. 10, 2020 at 11 p.m.**

Printed name of person completing form: ________________________________
Your email address: ____________________________________________________

Name of the person you are nominating for a PNCC Committee position:

Nomination: __________________________________________________________
Nomination: __________________________________________________________
Nomination: __________________________________________________________
Nomination: __________________________________________________________
Nomination: __________________________________________________________
Nomination: __________________________________________________________

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

You must be an ONA member to serve.
If you have questions, contact Laura 541-521-2139 by cell at or by e-mail at lay@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: ___________________