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BIOGRAPHICAL DATA AND CONSENT-TO-SERVE

I am interested in serving on/being elected to: _____

Name _____ Credentials (RN, MSN, etc.) _____

Address _____

City/State/Zip _____ Present Position/Title: _____

Place of Employment _____ E-Mail _____

Telephone: Home _____ Work _____ FAX _____

KNA member since _____ KNA Chapter _____ Current KNA/Chapter Office? _____

Experiences and Skills Desired for KNA Service. All are not required for every position. Please mark those you feel are your strengths:

Governing Board Experience

National

State

Local

Please describe: _____

Prior Engagement in KNA

Please describe _____

Financial Management Experience

Please describe _____

Other Board/Committee/ Professional Engagement (last 5 years) _____

Other areas of Expertise: _____

I am fairly inexperienced, but I love learning and would love to be mentored in learning how I might serve KNA.

PROFESSIONAL EDUCATION

Institution

Degree Obtained

Would you be willing to be a candidate for another position? YES _____ NO _____

If "YES" indicate at least two other areas in which you would be willing to serve: _____

You will be contacted prior to your name being placed on the Ballot.)

PLEASE COMPLETE A CAMPAIGN STATEMENT (100 words or less). You may include your reasons for interest in this position and/or your goals, to be published in the *Kentucky Nurse*.

Please attach a small photo to be published in the *Kentucky Nurse* (Picture is optional and will not be returned).

I understand services to the KNA are not reimbursed. If elected, I agree to fulfill to the best of my ability, the duties and responsibilities of the office for which I am submitting my name. I agree to attend scheduled meeting and be an engaged KNA leader.

Signed _____ Date _____

Please return to: KNA, 305 Townepark Circle, Suite 100 Louisville, KY by June 1, 2018 to be included in the *KY Nurse* newsletter.

Phone: (502) 245-2843

FAX: (502) 245-2844

Email: admin@kentucky-nurses.org