**To be completed by Nominee**

**CONSENT TO SERVE: ELECTION 2023**

**Send Completed Form and Photo to kkoehn@mnorn.org**

**Forms received by MNORN after September 30, 2023 will not be considered**

**Elections will be decided by anonymous ballot. Those elected will be announced at the Minnesota Organization of Registered Nurses Membership meeting in December 2023.**

**Applicant Information**

Name:

Credentials:

Address:

 Street:

 City:

 State:

 Zip:

Phone:

Email:

Position Seeking:

Why are you interested in this office?

**Education**

*Please list name of Institution, Location & Year*

ADN:

Diploma:

BSN:

Masters:

Doctorate:

**Professional Experience**

Current Position:

Previous Position(s):

**Areas of Expertise and Interest**

Please List:

**Volunteer Offices Held**

Name of Organization:

 Office Held:

 Dates:

Name of Organization:

 Office Held:

 Dates:

Name of Organization:

 Office Held:

 Dates:

Name of Organization:

 Office Held:

 Dates:

CONSENT TO BE NOMINATED: (consent will be printed on the ballot including photo)

**If elected to office, I promise to serve to the best of my ability in the best interest of nurses and nursing. I understand the duties of the office as set forth in the Bylaws and Policies and Procedures of the Minnesota Organization of Registered Nurses.**

**Signature:**

**Date:**