

Talent Bank & Consent to Serve Form for Election and Appointment

Oregon Nurses Association, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062
Telephone: 503.293.0011, 800.634.3552 Fax: 503.293.0013 E-mail: ona@oregonrn.org

What is the ONA Talent Bank? The Talent Bank is a central file in which ONA members can register their interest in serving in elected and appointed positions. **A completed and signed Consent to Serve form is required of nominees for elected or appointed positions.** Biographical information assists the nominating committees and the ONA Board of Directors in contacting members to run for office or be appointed to a variety of ONA positions. Because this bank is updated annually, you must complete a new form each year.

Instructions: Mark all Appointed/Elected Positions in which you may be interested in serving (please prioritize choices if you have more than one choice) and return to ONA.

Board of Directors:

- President
- Vice-President
- Secretary
- Treasurer
- Member-Board of Directors

- Health Policy
- Human Rights and Ethics
- Nursing Practice and Research

Entities:

- Oregon Nurse Political Action Committee
- Oregon Nurses Foundation
- ANA Delegate

Committees:

- Bylaws (appointed)
- Committee on E&GW Nominations (elected)
- Nominating Committee (elected and appointed)

Other:

- Ad Hoc Practice Taskforce
- ANA Elected/Appointed Office
- NFN Elected/Appointed Office

Cabinets:

- Education
- E&GW

Consent to Serve Form for Election or Appointment Offices/Appointments/Activities with the Oregon Nurses Association

All sections marked with an asterisk (*) must be completed.

*Office/Position applying for: _____ Date: _____
(This application is not valid unless the position is indicated.)

Note: ONA Board policy prohibits employment of a family member or a significant other/partner of a serving board member.

* ___ **ELECTED** ___ **APPOINTED**

If appointed or elected, I agree to serve:

*Signature

Present Employer

*Please print your name here.

*Date submitted

*Please print your credential initials here.

*Address

*City State Zip Code

Note: Any information you provide may be published in the ONA *Candidates Information*.

*Phone numbers (Home/Work/Cell)

Return completed form to Nominating Committee, ONA, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062, fax: 503.293.0013.

ONA membership number (RN License number)

E-mail

REQUIRED BIOGRAPHICAL INFORMATION

PRESENT

State Nurse Association

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

Constituent Association

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

Bargaining Unit

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

PAST

State Nurse Association

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

Constituent Association

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

Bargaining Unit

Office/appointment/activity. Term (from/to)

- 1. _____
- 2. _____

Additional volunteer information you would like to provide:

Reason you should be elected or appointed, and how you would contribute to the position. (Maximum word limit is 200. Attach a separate sheet if desired. Message will be edited if over the word limit. Note: This message will appear in the Oregon Nurse ONA Candidates Information on your behalf unless a revised or substitute message is submitted by the published deadline.)

NAME: _____

Contact phone number/s: _____ Date submitted: _____

Note: Any information you provide may be published in the *ONA Candidates Information*.

**OREGON NURSES ASSOCIATION
MEMBER DEMOGRAPHIC INFORMATION**

Name _____

Mailing address _____

City: _____ State: _____ Zip _____

Phone: (Work) _____ (Home) _____ Email _____

Employer (Primary) _____ Employer (Secondary): _____

Site of Primary Employment (mark all that apply)

- Ambulatory/outpatient clinic/MD office
- Business, industry
- Community, Public Health Agency
- Home health agency
- Hospital
- Long Term Care Facility
- School
- School of Nursing
- State/Local/Government Agency
- Other _____

Current Position or Role (mark all that apply)

- Academic faculty in school of nursing
- Case manager
- Clinical Nurse Specialist
- Consultant
- Manager or supervisor
- Nurse executive, administrator
- Nurse midwife
- Nurse Practitioner
- Staff Nurse
- Staff development/clinical educator
- Other _____

Highest level of education (mark only one)

- Diploma
- Associate degree in nursing
- Associate degree, _____
- Baccalaureate in nursing
- Baccalaureate, _____
- Master's degree in Nursing
- Masters degree, _____
- Doctorate in Nursing (PhD, DSN, DNSc)
- Doctorate, (PhD, EdD, ScD) _____
- Other _____

Nursing Specialty/Practice Focus (mark all that apply)

- Community or Public Health nursing
- Critical Care, NICU
- Emergency, Trauma
- End of life care/palliative care
- Family Nursing
- General Medical, Medical Surgical, General Surgical
- Gerontology
- Home Health
- Maternal and Child Health
- Occupational Health
- Operating Room, PACU
- Pain Management
- Pediatrics
- Psychiatry/behavioral health
- School Health
- Women's Health
- Other _____

Computer Access (mark all that apply)

- Access to the web
- Can open email attachments
- Can send email attachments
- MAC
- PC

Work Status (mark all that apply)

- Work fulltime Work part-time
- Work 64 hours or less a month
- Represented by ONA for collective bargaining
- Not represented by ONA Collective Bargaining

Years in practice

Total years you have practiced as a RN _____