

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, Ethics, Practice & Research

Entities:

- Oregon Nurse Political Action Committee
- Oregon Nurses Foundation
- Campaign for Healthy Children
- UAN Delegate
- ANA Delegate

Committees:

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

Other:

- Ad Hoc Practice Taskforce
- ANA Elected/Appointed Office
- My specialty _____

Cabinets:

- Education
- E & G W

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**

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

If appointed or elected, I agree to serve:

***Signature**

Present Employer

***Please print your name here.**

Employer fax #

***Please print your credential initials here.**

***Date submitted**

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

***Address**

***City State Zip Code**

***Phone numbers (Home/Work/Cell)**

ONA membership 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 _____

How can ONA reach you via phone _____ e-mail: _____

Mailing address _____

City: _____ State: _____ Zip _____

Phone (Work) _____ (Home) _____

Employer (primary) _____ Employer (Secondary): _____

Place 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 (*Please specify*): _____

Highest level of education (CHOOSE ONE ONLY)

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

Primary nursing specialty (CHOOSE ONLY ONE)

- 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 (*Please Specify*): _____

Computer Access

- Access to the web?
 Yes No
- Can open e-mail attachments?
 Yes No
- Can send e-mail attachments?
 Yes No
- MAC operating system PC system

Work status

- 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

- How many total years have you practiced as an RN? _____ yrs