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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