



**NURSE TRUSTEES “CONSENT TO SERVE” INFORMATION**

**Biographical and professional information** is to be completed by Nominee. Please print or type information and return to the Nominating Committee.

_____			KSNA/Region/ANA Member _____
Name as it should appear on ballot			Offices Held in National, State, Regional organizations
_____			_____
Address			_____
_____			_____
City	State	Zip	_____
_____			_____
Home phone	Work Phone		Support your interest in KNF (work toward mission)
_____			_____
Cell phone	Fax Number		_____
_____			_____
E-mail Address			_____
Present Work Position _____			
Previous Work Positions _____			
_____			
_____			

**Consent:**  
 I give consent to have my name placed on the slate of nominees for the Board of Trustees of the Kansas Nurses Foundation (KNF) and will be willing to serve as trustee if elected.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date