WESTERN INSTITUTE OF NURSING
2010 NOMINATION FORM

(If you wish to be considered for more than one position, please submit a separate form for each one.)

APPLICANT INFORMATION

(Please print or type)

I am submitting my name for consideration for the following position:

- ☐ Governor-at-Large
- ☐ Governor Representative of Nursing Research
- ☐ Governor Representative of Student Members
- ☐ Nominating Committee, Position #3

Name and Credentials: _____

Educational Preparation: _____

Title/Position: _____

Agency: _____

Complete Mailing Address: _____

City/State/Zip: _____

Phone: (W) _____ (H) _____

FAX: _____ Email: _____

REQUIRED NOMINATIONS MATERIALS

To be considered complete, each signed nomination form (see below) must be accompanied by:

1. A one-two page resumé for the Nominating Committee's use in which the following are addressed:
   - Nominee's professional background.
   - Nominee's involvement in WIN, both length of service and experience.
   - Nominee's experience as it relates to the position (leadership, policy experience, or other relevant experiences).
2. A candidate statement. The Candidate Statement, as you submit it, will be included in the Slate of Candidates. Please make sure your name, title, institution, and city/state appear at the beginning of the document. In **100 words or less**, include the following information in your candidate statement: (1) your **qualifications**, (2) how you would contribute to the **functions** of the WIN Board, and (3) your **goals and purposes** for serving on the WIN Board. Please note: All nominees whose names are placed on the slate of candidates will be required to adhere to the 100 word limit.

Please email your materials and this completed form to win@ohsu.edu.

CONSENT TO SERVE

If elected, I am willing to carry out the responsibilities of the position. I understand that WIN currently does not reimburse for travel expenses for the Member Assembly; and that I will assume the cost of registration fees and travel expenses associated with the major meetings of WIN.

Signature: _____ Date: _____