

CONSENT TO SERVE

WSNA/VIRGINIA MASON FRANCISCAN REHABILITATION HOSPITAL

LOCAL UNIT OFFICER ELECTION 2026-2029

I agree to serve as _____
Local Unit Officer Position

Unit _____ Shift _____ FTE _____

Name: _____

Cell/Home Phone: _____

Personal Email: _____

I understand my responsibilities and commitments that I will attend Officer Meetings, the joint labor-management Conference Committee, Staffing Committee, other meetings, and fulfill my role in the office for which I am nominating myself.

Signature: _____

Date: _____

Questions? Please contact WSNA Nurse Rep. Travis E. Nelson at Telmore@wsna.org or 206-575-7979 ext. 3117