



## CONSENT TO SERVE

WSNA at EvergreenHealth - Local Unit Officer Election 2023-2026

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Shift: \_\_\_\_\_

FTE: \_\_\_\_\_

Mobile/Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**I agree to serve as a Local Unit Officer Position for the position(s):**

- ☐ Chairperson
- ☐ Co-Chair
- ☐ Secretary
- ☐ Treasurer
- ☐ Grievance Officer

I understand my responsibilities and commitments that I will attend Executive Committee Meetings, the Conference Committee, and any other meetings and fulfill my role in the office for which I am nominating myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return forms must be postmarked by October 12, 2023. Questions? Please contact WSNA Nurse Representative Bret Percival at 206- 471-0876.