

CONSENT TO SERVE

WSNA/Ocean Beach Hospital 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);

- Vice Chair**
- Secretary/Treasurer**
- Grievance Officer**

I understand my responsibilities and commitments that I will attend Executive Committee Meetings, the joint labor-management 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 April 30, 2023!

Questions? Please contact WSNA Nurse Representative Mara Kieval at mkieval@wsna.org or 206-575-7979, Ext. 3051