

**CONSENT TO SERVE**

**WSNA/PEACEHEALTH SOUTHWEST MEDICAL CENTER**

**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 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: \_\_\_\_\_

Please attach this to the appropriate Local Unit Office Nomination Form

Questions? Please contact WSNA Nurse Rep. Bret Percival at [BPercival@wsna.org](mailto:BPercival@wsna.org) or 206-471-0876