

CONSENT TO SERVE

WSNA/VIRGINIA MASON MEDICAL CENTER

LOCAL UNIT OFFICER ELECTION 2023-2026

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 Sara Frey, JD, BSN, RN at sfrey@wsna.org or 206-575-7979 ext. 3039