



## 2020 CALL FOR NNA LEADERS

**Be Engaged in Nursing Leadership!**

### NEBRASKA NURSES ASSOCIATION LEADERSHIP COMMITMENT FORM

All participating leaders must complete this form to run for an elected position within the Nebraska Nurses Association (NNA). Candidates must be a current NNA member in good standing to run for office (any other specific requirements will be listed in the position description). Submission of this form indicates that you understand the duties and responsibilities of the office for which you are submitting your name. If elected, you agree to fulfill the duties of the office to the best of your ability.

I agree to submit my name as a candidate for the office of: (please check one):

- President Elect     Treasurer
- LARC Region 1     LARC Region 2     LARC Region 3     LARC Region 4     LARC At-Large
- NPDC Nursing Practice x1     NPDC Nursing Faculty x2     NPDC Nursing Professional Educator x 2
- GFMC Staff Nurse     GFMC Nursing Faculty     GFMC Rural     GFMC Urban x 2     GFMC Past Officer NNA
- ANA Membership Assembly Representative ( elect 1 representative and 1 alternate)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Region: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Present Position (Title) & Employer: \_\_\_\_\_

#### Academic Preparation:

University/College	Degree	Area/Concentration

#### QUALIFICATIONS - FOR NOMINATIONS COMMITTEE TO REVIEW

Please explain why you are qualified to lead in this position (education, employment, organizational involvement/positions, expertise/specialty, etc.)

**POSITION STATEMENT - FOR NNA MEMBERS TO REVIEW**

*Please indicate your personal position regarding nursing and interest in seeking a leadership position. This information will be used on the ballot so let the NNA members know why they should elect you! (150 word limit)*

**Please submit a head-shot photo with the leadership commitment form.**

NNA sincerely appreciates your willingness to serve your professional colleagues by participation on the NNA’s Board of Directors.

*By submitting this form, I am committing to:*

- *I understand the duties and responsibilities of the position for which I am applying as outlined in the NNA Bylaws and Policies. If appointed, I agree to fulfill the duties of the position to the best of my ability.*

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

*By checking this box, I am providing my electronic signature to confirm that the information provided above is accurate. (In addition to checking this box, please print your name in the signature line and date above.)*

**RETURN COMPLETED FORM TO**

**Email: [director@nebraskanurses.org](mailto:director@nebraskanurses.org)**

**or**

**Mail: Nebraska Nurses Association  
c/o Midwest Multistate Division  
3340 American Avenue, Suite F  
Jefferson City, MO 65109**