TEXAS ASSOCIATION OF PERIANESTHESIA NURSES

WILLINGNESS-TO-SERVE FORM

This form must be completed in its entirety, **front and back**. Print legibly or type the data requested as you wish it to appear in the directory.

Name (including your credentials): _____
First Name MI Last Name Credentials

Home Address: _____

City; State Zip Code: _____

Home Phone: ( ) Home Fax: ( ) _____

Home e-mail address: _____

Employer Name / Address: _____

Position: Work Phone: ( ) Fax: ( ) _____

Work e-mail address: _____

Number of years as an ASPAN/TAPAN member: District #: _____

Number of years in nursing: Number of years in perianesthesia nursing: _____

Area of perianesthesia experience: ☐ Clinical ☐ Education ☐ Administration ☐ Other

Education: ☐ AD ☐ Diploma ☐ BSN ☐ MSN ☐ Other: _____

Certification(s): _____

Indicate involvement with professional associations / organizations (including TAPAN/ASPAN)

Association(s): _____

Office(s) held: _____

Committee(s): _____

Other involvement: _____

I would like to submit my name for election to the following State Office:

☐ 1st Vice President/President-Elect ☐ Secretary ☐ Treasurer ☐ 2nd Vice-President

I would like to be considered for appointment to Chair the following committee:

☐ Govermental Affairs ☐ Research ☐ Conference

I would like to serve as: ☐ Policy and Procedures Coordinator ☐ Newsletter Editor ☐ Education Coordinator

I would like to be considered for appointment to the following committee(s)

☐ GAC ☐ Research ☐ Election ☐ Conference ☐ Awards

I ☐ am ☐ am not aware of duties, functions and time commitments required for the office / position / committee

Candidates for State Office only. Please list two persons knowledgeable of your professional activities:

1. Name: Position: _____

Address: _____

2. Name: Position: _____

Address: _____

For Candidates for election to state office: an election statement must accompany your completed willingness-to-serve form. This statement should outline goals for the office sought, plans to achieve the goals, and any other information you feel would aid the members in casting their votes. Your election statement will be printed on the ballot.

If more space is needed, submit a separate sheet of paper with additional information.

Candidates for State office must return this form to the Immediate Past President / Election Committee Chair by April 1.
If volunteering for a committee, return this form to the Vice-President / President-Elect by August 31.

Addendum #1 O-001