



# KNF

## KANSAS NURSES FOUNDATION

Mail Address: P O Box 3899, Topeka, Kansas 66604

Location: 2900 SW Plass Ct., Topeka, Kansas 66611

Telephone: Administrative Assistant Michele Reese, 785-608-4288

Email: [knf@ksnurses.com](mailto:knf@ksnurses.com) Website: [ksnurses.com](http://ksnurses.com)

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### NURSE TRUSTEES “CONSENT TO SERVE” INFORMATION

**Biographical and professional information** is to be completed by Nominee. Please print or type information and return to the Nominating Committee.

\_\_\_\_\_  
Name as it should appear on ballot

KSNA/Region/ANA Member \_\_\_\_\_  
Offices Held in National, State, Regional organizations

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_

\_\_\_\_\_  
Home phone Work Phone

Support your interest in KNF (work toward mission)

\_\_\_\_\_  
Cell phone Fax Number

\_\_\_\_\_

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_

Present Work Position \_\_\_\_\_

Previous Work Positions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consent:**

I give consent to have my name placed on the slate of nominees for the Board of Trustees of the Kansas Nurses Foundation (KNF) and will be willing to serve as trustee if elected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date