



KNF

KANSAS NURSES FOUNDATION

2900 SW Plass Ct., Topeka, Kansas 66611
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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.

_____			KSNA/Region/ANA Member _____	
Name as it should appear on ballot			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