

The Student Nurses' Association of Pennsylvania

P.O. Box 6567 ♦ Harrisburg, Pennsylvania ♦ 17112-0567

(717) 671-7110 ♦ Fax (717) 671-7112 ♦ Email: snap@snap-online.org

Consent to Serve Form

Biographical Information *(Please print):*

Candidate for the Office of: _____

Name: _____ Region: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

School of Nursing: _____

Length of Nursing Program (Years): 1 2 3 4 Current Year in Nursing Program: 1 2 3 4

Date of Completion (Month/Year): ____ / ____

Reason(s) for Seeking this Office: _____

Plans if Elected to this Office: _____

High School/College Activities and Offices Held: _____

School of Nursing Activities and Offices Held: _____

SNAP Activities at Local Chapter and Offices Held: _____

SNAP Activities at State Level and Offices Held: _____

NSNA Activities and Offices Held: _____

Other Activities and Offices Held (Church, Community, etc.): _____

Are you willing to run for another office if the Nominations & Elections Committee feels it is in the best interest of SNAP? _____

If YES, list acceptable offices in order of preference:

Consent Agreement:

If elected, I hereby promise to pledge my loyalty and support in the execution of the responsibilities which accompany the office of _____. I am fully aware of the nature of this position. In the event I am unable to carry out my responsibilities, I agree to resign the office with the advice of the SNAP Board of Directors. I also understand that I **must** attend the Post-Convention Board meeting of elected to this position as well as future meetings.

Signature: _____ Date: _____

To be completed by Nominations and Elections Chairperson:

Date Received: ____ / ____ / ____ Signature: _____

Verification of Nursing School Enrollment for SNAP Elected Officials:

In order for nursing students to be eligible to serve on the SNAP Board of Directors in elected or appointed positions, verification of enrollment in state-approved nursing programs leading to registered nurse licensure (or in RN to BSN programs) must be submitted by the Dean or Director of the Nursing Program to the Nominations and Elections Committee within *30 days* of election or appointment to the Board of Directors. Enrollment means that the student has paid tuition and is attending class or clinical assignments, or is taking online courses related to obtaining such a degree. Failure to submit verification of enrollment in the time allotted will result in the automatic resignation of the student from the elected or appointed position.

To be completed by the Dean or Director of the Nursing Program and mailed with the official school seal or additional letter on official school letterhead to the SNAP Office (P.O. Box 6567 ♦ Harrisburg, PA 17112):

_____ is enrolled in _____
(Name of Student) *(Name of Nursing Program)*

for the Fall 20__ semester. The student is taking _____ credits and is expected to take _____
(year) *(Actual number)* *(Estimated number)*

credits in the Spring 20__ semester. The student is expected to graduate from the nursing
(year)

program in _____.
(Month/Year)

Additional comments: _____

Completed by: _____
(Printed Name and Title)

Signature: _____ Date: _____

To be completed by Nominations and Elections Chairperson:

Date Received: ___/___/___ Signature: _____