

**Student Nurses' Association of Pennsylvania**  
P.O. Box 6567, Harrisburg, PA 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 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School of Nursing: \_\_\_\_\_

Length of Program (years): 1 2 3 4 Your year in Program: 1 2 3 4

Completion of Program (month/year): \_\_\_\_\_ / \_\_\_\_\_

Reason for seeking this office: \_\_\_\_\_

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What do you plan to do if elected to this office?: \_\_\_\_\_

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High school/College activities and offices held: \_\_\_\_\_

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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? NO YES List acceptable offices in order of preference: \_\_\_\_\_  
\_\_\_\_\_

**Consent to serve**

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 advise of the SNAP Board of Directors. I also understand that I **must** attend the Post Convention Board meeting if elected to this position, as well as future meetings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Nominations and Elections Chairperson:

Date received: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_