CALIFORNIA NURSES ASSOCIATION | NATIONAL NURSES ORGANIZING COMMITTEE

www.calnurse.org

California Nurses Association
Consent-To-Serve

____ I consent-to-serve on the **Local Unit Council** as a **Unit Representative**

____ I consent-to-serve as an **NP Representative on the Nurse Practitioner Regional Committee**

____ I consent-to-serve on the **Joint Area Bargaining Council (JABC)**

____ I consent-to-serve on the **Professional Performance Committee (PPC)**

☐ Inpatient ☐ Outpatient ☐ NP ☐ HHH

____ I consent-to-serve as a **Nurse Representative**

____ I consent-to-serve on the **Hospital GRASP Committee**

____ I consent-to-serve on the **Staff Nurse III/IV, Home Health/Hospice III Committee**

____ I consent-to-serve on the **NPIII Committee**

____ I consent-to-serve on the **Facility Selection Committee**

***RNs/NPs must be CNA members in good standing for one (1) year to serve in any of the above roles.** Some of these committees may not have immediate openings (i.e., GRASP, PPC) but we will keep your consent-to-serve for future use.

DATE: _____

Facility: Kaiser _____Hospital ____ Clinic _____ Floor _____ Unit _____ Shift_____

Name: (printed) _____

Signature: _____

Home Address: _____City_____ Zip_____

Phone: Home _____ Cell _____ Work _____

Fax Home_____ Fax Work _____

E-Mail: Home:_____ Work _____

Classification: CN _____ SNII _____ SNIII _____ SNIV_____ NP _____ NPII_____ NPIII_____

HH _____ HHII_____ HHIII

Please return completed form to: CNA Oakland Headquarters
2000 Franklin Street
Oakland, CA 94612
Fax: (510) 663-5712 ~ Phone: (510) 273-2200

This Consent To Serve is valid for one year from submission. If no appointment is made within one year for your indicated area of interest, please compete another Consent To Serve.