

Consent to Serve on the Board of Directors

**Name**:

**Address**:

**Phone** (land line/cell - indicate preference):

**Email**:

**Committee Interest** (circle all that apply):

* Peer Support Committee
* Education Committee
* Fundraising Committee
* Finance Committee
* Marketing, Communication and Outreach Committee
1. Why are you interested in this position?
2. Education:
3. Professional experience:
4. Areas of expertise and interest:
5. Volunteer offices held:
6. Are you, or has someone close to you, been affected by Substance Use Disorder?

***If appointed, I promise to serve to the best of my ability in the best interest of nurses and nursing. I understand the duties of the office as set forth in the Bylaws of the Nursing Peer Support Network.***

Signature:

Date:

**Send completed form to: info@npsnetwork-mn.org**