



Association of periOperative Registered Nurses
2170 South Parker Rd, Suite 400 • Denver, CO 80231-5711 • (800) 755-2676 or (303) 755-6304 • <http://www.aorn.org>

Chapter Willingness-to-Serve Form

Chapter # _____

Position Submitting for: _____ Term of office: _____

- I am aware of the eligibility requirements, responsibilities, and term for this position and I have received a copy of the job description/responsibilities for the position.
- I am willing to serve the chapter in the position indicated for the term indicated on this form.

Eligibility Requirements (all requirements must be fulfilled)

Place a check the box to verify each requirement.

- Maintained active AORN and Chapter membership status from January to December of previous year.
- Attended two chapter meetings during fall of current year (ie, September, October, November).
- Attended at least six chapter meetings between January and December of previous year.
- Activity record is attached.
- Served on at least one chapter committee from January to December of previous year.
- Served on Chapter Board for one term (applies only to President, President-Elect, or Vice President).

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Work phone: _____ Home phone: _____

Signature: _____ Date: _____

Return Willingness-to-Serve form by XXX (deadline) to Nominating Committee Chair (name here) by XXX (date deadline of WTS form). (Here you may include e-mail address or mailing address, depending on mode of collecting ballot information.)