



NEBRASKA NURSES FOUNDATION LEADERSHIP COMMITMENT FORM

All participating leaders must complete this form to be considered for a Board appointment with the Nebraska Nurses Foundation (NNF). Candidates must be a current NNA member in good standing* to be considered for a Board position. Submission of this form indicates that you understand the duties and responsibilities of Board membership**. If elected, you agree to fulfill the duties of the office to the best of your ability.

* NNA membership requirement does not apply to community members.

** NNF Board positions are a two-year term (January 2024 – December 2025) with the expectation that a) all members review and respond to emails in a timely manner, b) participate in a minimum of two video conference meetings and possibly one face-to-face meeting, and c) commit to participate in either the Project Grant Review Committee, the Fundraising Committee or both. Other duties may be requested of Board members as needs and available time allow. Reappointment for more than one term is accepted. Nurse Board members must maintain an active NNA membership for the duration of the service term. Retired members are eligible.

I agree to submit my name as a candidate for an appointment to the NNF Board.

Name: _____ Credentials: _____

Street: _____

City: _____ State: _____ Zip: _____ Region: _____

E-Mail: _____

Telephone: Home _____ Work: _____ Cell: _____

Present Position (Title) & Employer: _____

Academic Preparation:

University/College	Degree	Area/Concentration

QUALIFICATIONS - FOR NNF BOARD MEMBERS TO REVIEW

Please explain why you are qualified to lead in this position (education, employment, organizational involvement/positions, expertise/specialty, etc.)

POSITION STATEMENT - FOR NNF BOARD MEMBERS TO REVIEW

Please indicate your personal/professional reasons for seeking this leadership position. This information will be to assist NNF Board members know why they should appoint you! (150-word limit)

A color, high resolution head shot photo is required with the leadership commitment form.

NNF sincerely appreciates your willingness to serve your professional colleagues by participation on the NNF’s Board of Directors.

By submitting this form, I am committing to:

- *I understand the duties and responsibilities of the position for which I am applying. If appointed, I agree to fulfill the duties of the position to the best of my ability.*

Print Signature: _____

Date: _____

- By checking this box, I am providing my electronic signature to confirm that the information provided above is accurate. (In addition to checking this box, please print name in the signature line and date above.)*

RETURN COMPLETED FORM TO

Email:

Teresa@tandersonconsulting.com

Mail:

**Nebraska Nurses Foundation
C/O Teresa Anderson, Board Secretary
5211 Underwood Avenue, Omaha, NE 68132**