**Willingness to Serve Form**

**NORTH CAROLINA PUBLIC HEALTH ASSOCIATION**

**PUBLIC HEALTH NURSING SECTION**

Public Health Nursing Section Executive Committee Position: Click here to enter text.

*I understand the duties of the office of said position as described in the NCPHA Public Health Nursing Section Manual of Procedures and I agree to allow my name to be placed in nomination for this office. Initial here:* Click here to enter text.

Name: Click here to enter text.

Agency: Click here to enter text.

Position: Click here to enter text.

Years of experience in Public Health: Click here to enter text.

Previous Offices/Committees held in NCPHA: Click here to enter text.

Professional Affiliations: Click here to enter text.

Previous offices/committees held in other professional organizations: Click here to enter text.

Describe what you bring to the position and why you would be a good candidate (this what will be shown on the voting form): Click here to enter text.

Electronic signature including all degrees and certifications: Click here to enter text.

Date: Click here to enter text.

**Please send your completed nomination form to** **Liz Stevens @** [**estevens@dconc.gov**](mailto:estevens@dconc.gov) **– thank you!**