



Delaware Association of Nurse Anesthetists

2020-21 Intent to Serve and Consent Form

Please complete this brief form and return it to the DANA Management Office by **Friday, July 10, 2020**.

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|------------------|--|
| Name: | |
| Address: | |
| City, State Zip: | |
| Phone (Home): | |
| Phone (Cell): | |
| Email: | |

I would like to be considered for (please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> President-Elect | <input type="checkbox"/> Secretary | <input type="checkbox"/> Nominating Committee |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Upstate Director | <i>(3 positions)</i> |
| <input type="checkbox"/> Treasurer <i>(2-year term)</i> | <input type="checkbox"/> Downstate Director | |

Curriculum Vitae

| | |
|---|--|
| AANA Member Since: | |
| DANA Member Since: | |
| Nursing School Name and Year of Graduation: | |
| Anesthesia School Name and Year of Graduation: | |
| Other School Name and Year of Graduation: | |
| Current Employment Position (Place and Dates): | |
| Previous Employment Position (Place and Dates): | |
| Prior AANA Offices or Committee Positions: | |
| Prior DANA Offices or Committee Positions: | |

I hereby give my consent to have my name placed on the DANA Ballot for the selected office above. I understand that I may not be eligible for certain positions based on DANA bylaws.

Signature: _____ Date: _____

**Please return by Friday, July 10, 2020 to the
DANA Management Office at Office@DelawareANA.org or Fax at 856-727-9504.**

**If you have any questions regarding position responsibilities or eligibility issues, please email
DANA President, Barbara Evans at bevans21@comcast.net.**