



Representing Nurses at Stanford & Packard Hospitals

CRONA Consent to Serve Form

I consent to serve as: _____
(name of position)

Name (print): _____

Email: _____

Phone: _____ Hospital (check one):

Unit: _____ SHC LPCH

Qualifications, Union and Professional Experience: _____

Objectives while in office: _____

I have read the CRONA Campaign Standing Rules as outlined in the CRONA Bylaws. In signing this Consent to Serve form, I agree to uphold the duties of the Office or Appointment I am seeking as outlined in the CRONA Bylaws (for elected positions) or posted job description (for appointed positions). I pledge to be active in the performance of my duties, including engagement with CRONA members, attendance at applicable meetings, bringing relevant issues to the attention of CRONA leadership, and other duties as assigned.

Signature: _____

Date: _____

To submit this form, please complete the form and send to CRONA via email (preferred option) to crona@crona.org. Form may also be submitted via fax to (650) 366-0182.