



AORN

Central San Joaquin Valley Chapter, 0502

WILLING TO SERVE FORM

I, _____, am willing to serve in the capacity of _____ for the Central San Joaquin Chapter of AORN. I understand the duties and responsibilities involved and will undertake them if elected. I understand that 75% attendance is required.

Signature: _____

Date: _____

Contact information:

Facility: _____

Home phone or cell phone: _____

e-mail address: _____

