



WOCN

**Consent to Run For
South Central Region WOCN Office**

Nominee Name _____

Address _____

Phone# / email _____

Office / Position _____ I,

_____, accept the nomination to run for the SCR

office / position of _____

Signature _____

Please provide a summary position statement and your goals for the position you are seeking. Include a copy of your curriculum vitae and submit the following information:

- ◆ Credentials
- ◆ Present employment (position/title)
- ◆ Employment location
- ◆ Educational background
- ◆ Strengths and skills you think you would bring to SCR leadership

Please sign this form and submit with the above information to:

Nominations Chair: Nominations@SCRWOCN.org