



PO Box 5991, Topeka KS 66605

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KNF is a 501(c)(3) nonprofit foundation

CONSENT TO SERVE FORM

CHECK ONE: I am consenting to serve as a Kansas Nurses Foundation representative in the following position

REGISTERED NURSE (RN) position License# _____

PUBLIC TRUSTEE position (NOT a Registered Nurse)

Name & Any Credentials _____

Preferred Mailing Address _____

City, State, Zip _____

Best Telephone Number _____ This is: Cell Office Home

Best Email Address _____

Current Place of Employment _____

Current Position _____

If a Registered Nurse, are you a member of the Kansas State Nurses Association and in which KSNA Region do you reside? _____

List any KSNA positions you have held, regional/state:

If you have ever served on a nonprofit foundation, please list the name _____

I consent to service on the KNF Board of Trustees, if elected/approved, and to have my name listed according to the KNF Bylaws.

Signature/Date _____

Please email completed form to kansasnursesfoundation@gmail.com ASAP.