



Manitoba Operating Room  
Nurses Association

Chair of Nominations  
Committee MORNA

**NOMINATION FORM: Officers**  
**Education Coordinator and President Elect**  
(To be completed by Nominator and Seconder)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E- MAIL  
ORIGINAL FORMS (with signatures) MUST BE FORWARDED BY MAIL

TO: [morna@ornac.ca](mailto:morna@ornac.ca)

DEADLINE FOR SUBMISSION OF NOMINATIONS: May 15, 2022 at 2400 hrs  
NOTE: Late submissions will not be considered.

POSITION:     Education Coordinator  President Elect

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ TELEPHONE(W) \_\_\_\_\_

E-MAIL (H) \_\_\_\_\_

E-MAIL (W) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION OF EMPLOYMENT \_\_\_\_\_

YEARS IN CURRENT POSITION \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_

Signature

Print Name

SECONDED BY: \_\_\_\_\_

Signature

Print Name

**NOTE FOR OFFICER POSITIONS:** Nominator and Seconder must be a current MORNA Member.



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**NOMINATION FORM: Officers**  
**Education Coordinator and President Elect**  
(To be completed by Nominee)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E- MAIL  
ORIGINAL FORMS MUST BE FORWARDED BY MAIL

TO: morna@ornac.ca

DEADLINE FOR SUBMISSION OF NOMINATIONS: May 15, 2022 at 2400 hrs  
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POSITION:    Education Coordinator  President Elect

NOMINEE NAME \_\_\_\_\_

CERTIFICATION IN PERIOPERATIVE NURSING                       Yes                       No

NUMBER OF YEARS EMPLOYED IN PERIOPERATIVE NURSING \_\_\_\_\_

**OBJECTIVES FOR MORNA**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ELECTION STATEMENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOCUMENTS FOR SUBMISSION**

- 1) PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME
- 2) PLEASE SUBMIT TWO REFERENCE LETTERS



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## WILLINGNESS TO SERVE ON THE MORNA BOARD

I, \_\_\_\_\_ (Print) hereby state that I am willing to serve on the MORNA Executive in the position of \_\_\_\_\_ (Print) for the term of office required by the Bylaws.

POSITION:  Education Coordinator  President Elect

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR NOMINATIONS COMMITTEE USE ONLY**

Received by Chair of Nominations Committee \_\_\_\_\_ (Print Name)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Eligibility for Nomination Checked and Complete:  Yes  No

Copy of Nominee's CV has been received:  Yes  No

Two reference letters on Nominee received:  Yes  No

Nomination Received by Advertised Closing Date:  Yes  No

All Required Details of Nominator Correct:  Yes  No

All Required Details of Seconder Correct:  Yes  No

Acknowledgement of Receipt of Info to Nominator:  Yes  No

Acknowledgement of Receipt of Info to Nominee:  Yes  No

Nomination, CV, and Willingness to Serve Forms forwarded to MORNA Executive and Board on (enter date): \_\_\_\_\_

Date Issued \_\_\_\_\_

REMARKS

\_\_\_\_\_  
\_\_\_\_\_