



Manitoba Operating Room Nurses Association

Nominations Committee

MORNA EXECUTIVE BOARD POSITION

NOMINATION FORM Part 1

(To be completed by Nominator and Seconder)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E- MAIL TO:

pastpresidentmorna@gmail.com

DEADLINE FOR SUBMISSION OF NOMINATIONS: **April 25, 2025 at 2400 hrs**

POSITION: Treasurer ☐ Education Coordinator ☐ Secretary ☐

President Elect ☐

NOMINEE NAME _____

NOMINEE ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

NOMINEE PHONE # _____ NOMINEE E-MAIL _____

NOMINEE EMPLOYER _____

POSITION OF EMPLOYMENT _____ YEARS IN CURRENT POSITION _____

NOMINATED BY: _____

SIGNATURE

PRINT NAME

ORNAC MEMBER #

SECONDED BY: _____

SIGNATURE

PRINT NAME

ORNAC MEMBER #

NOTE FOR OFFICER POSITIONS: Nominator and Seconder must both be current MORNA members.



Manitoba Operating Room Nurses Association

Nominations Committee

Treasurer, Education Coordinator & Secretary

NOMINATION FORM Part 2

(To be completed by Nominee)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E- MAIL TO:

pastpresidentmorna@gmail.com

DEADLINE FOR SUBMISSION OF NOMINATIONS: April 25, 2025 at 2400 hrs

POSITION: Treasurer ☐ Education Coordinator ☐ Secretary ☐
 President Elect ☐

NOMINEE NAME _____

ORNAC MEMBER # _____

CNA CERTIFICATION IN PERIOPERATIVE NURSING ☐ Yes ☐ No

OF YEARS EMPLOYED IN PERIOPERATIVE NURSING _____

GOALS FOR MORNA EXECUTIVE BOARD

1. _____
2. _____
3. _____

ELECTION STATEMENT

DOCUMENTS FOR SUBMISSION

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



Manitoba Operating Room Nurses Association
Nominations Committee

WILLINGNESS TO SERVE ON THE MORNA EXECUTIVE BOARD

I, _____ hereby state that I am willing to serve on the
PRINT NAME
MORNA Executive in the position of _____ for the term of office
PRINT NAME OF POSITION
required by the Bylaws.

POSITION Treasurer ☐ Education Coordinator ☐ Secretary ☐ President Elect ☐

NAME _____

SIGNATURE _____

DATE _____

FOR NOMINATIONS COMMITTEE USE ONLY

Received by _____ (Chair of Nominations Committee)

Signature _____ Date _____

Eligibility for Nomination Checked and Complete: ☐ Yes ☐ No

Copy of Nominee's resume has been received: ☐ Yes ☐ No

Two reference letters received: ☐ Yes ☐ No

Nomination received prior to closing date: ☐ Yes ☐ No

All required details of Nominator correct: ☐ Yes ☐ No

All required details of Secunder correct: ☐ Yes ☐ No

Acknowledgement of receipt of info sent to Nominator: ☐ Yes ☐ No

Acknowledgement of receipt of info sent to Nominee: ☐ Yes ☐ No

All forms forwarded to MORNA Executive Board: ☐ Yes ☐ No

REMARKS

