

MISSISSIPPI ASSOCIATION OF STUDENT NURSES

**31 Wood Green Place, Madison, MS 39110
2010 APPLICATION FOR STATE OFFICE**

Deadline to pre-slate: October 8, 2010

Application checklist:

- Completed application.
- Letter of character reference from a faculty member or dean in the nursing program you currently attend. **This is in addition to the Dean's statement in Section 5.**
- Additional letter of reference from a current officer in your school chapter or faculty member, detailing the attributes you have that make you qualified to hold state office.
- Copy of membership NSNA card. (You may contact NSNA to get proof of membership if you do not have a card.)
- Required Resume, Vision Statement (See Sections 3 & 4)
- Wallet size picture of yourself (head shot) to display at convention.
- You will receive an email from the MASN office by the deadline date to confirm that your application has been received. If you are not contacted, call the MASN office immediately and begin action to trace your submission.
- Mail all of the above to: Nominating and Elections Committee, Mississippi Association of Student Nurses, 31 Wood Green Place, Madison, MS 39110. Completed applications must be received by 5:00 pm CST on October 8, 2010.

POSITIONS AVAILABLE:

President

First Vice President

Second Vice President

Secretary

Treasurer

Director of Legislation

Director of Communications

Breakthrough to Nursing Director

Chairperson of Nominating and Elections

Chairperson of Fundraising

ELIGIBILITY: See the "Digest of Information for MASN Candidates" (MASN application, Candidate Information Packet, MASN Campaign Regulations) for complete eligibility requirements for each position.

INFORMATION TO BE COMPLETED BY DEAN OR DIRECTOR:

Section 5 on page five must be completed by the dean of the nursing program.

According to MASN's Bylaws, Article IV, Nominating and Elections Committee, Section 4c : Candidates shall obtain and submit a written statement of support of their nursing dean or an explanation of why the support was withheld.

While it is not mandatory for Deans to give their consent for a candidate to run for office, it is strongly suggested that this support be obtained, since state officers must have their school's cooperation to fulfill their duties completely. The Dean will be called to congratulate the school on your nomination for state office.

NOTE: A copy of pages 2-5 of this application and all attachments will be available for inspection by delegates at the MASN Annual Convention. ***Please type or print in black ink.***

**MISSISSIPPI ASSOCIATION OF STUDENT NURSES
2010 APPLICATION FOR STATE OFFICE**

CANDIDATE FOR THE POSITION OF _____

Date Placed on Slate or Nominated from the Floor _____

SECTION 1 (Print in black ink or type all information)

Name _____ Full-Time / Part-Time Student (*Circle one*)

E-mail address: _____

Permanent Address _____

City _____ State _____ Zip _____

Current Address _____

City _____ State _____ Zip _____

Telephone () _____ Cell Phone () _____

Date of Birth _____ Anticipated Graduation _____ YEAR MONTH _____

School of Nursing _____

City _____

Type of Program AD Diploma BSN Other _____

Are you currently an RN LPN

Expiration of MASN/NSNA Membership: _____

(Attach a copy of membership card to this form)

SECTION 2 Transfer Students/Students entering BSN Programs

If you are transferring to another school, or are graduating from an associate degree or diploma program and entering a baccalaureate program in the fall semester, complete this section. **The new dean or director must also answer question 4 in Section 5 and sign as indicated in Section 5 #4.**

New School of Nursing _____

Address _____

City _____ Mississippi Zip Code _____

Dean Name: _____

Admissions Officer or Registrar _____ Phone _____

SECTION 3 Resume

Please attach a resume that includes the following information:

Name, School of Nursing, city and state

- Other schools you have attended (post high school), dates attended, and degrees earned.
 - Awards and Honors (include any awards, scholarships, honor society memberships, etc)
 - Conventions and conferences you have attended (include all national and state conventions attended)
 - School chapter activities (indicate offices you have held on executive board, committees, task forces, etc.)
 - State chapter activities (indicate offices you have held on executive board, committees, task forces, etc.)
 - Participation in other leadership activities (such as student council, service in other organizations)
 - Related work experiences (company/organization, role, dates of employment, military service, etc)
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SECTION 4 Vision Statement

Please describe your vision for MASN Leadership. Please be concise (100 words or less).

SECTION 5 Information to be completed by Dean

The dean (head of the nursing program) must complete and sign this section. Transfer students or graduates of associate degree or diploma programs who are entering baccalaureate programs must have question 4 completed by their new dean and signed where indicated. The present dean must complete questions 1, 2 and 3.

1. Is it the considered opinion of the faculty that this student's record of performance (academic, clinical and co-curricular) is satisfactory and that he/she will be able to devote the necessary time and effort to MASN responsibilities?

Please include comments on character, ability to handle responsibility, and ability to work with others. Attach a separate sheet if necessary.

2. If elected, can the student expect support from the dean and faculty for participating in official MASN activities that are required for fulfillment of responsibilities?

() Yes () No (if no, please explain on a separate sheet of paper)

3. **I have reviewed this application and agree that the information provided is correct.**

() Yes () No (please explain)

Signature of dean _____

Date _____

Print name dean _____

Title _____

School _____

*Phone () _____ *Email _____

4. **For transfer students and students entering RN to BSN programs:**

Signature of new dean _____

Date _____

Print name new dean _____

Title _____

School _____

*Phone () _____ *Email _____

**MASN will contact the Dean/Director of the student's school of nursing.*

SECTION 6 Qualifications for Office

I have read and understand the eligibility requirements for the office for which I am a candidate (MASN Bylaws Article IV, Section 4 and 5) and the duties of the office for which I am applying (MASN Bylaws Article IV, Section 6, A-P). I further understand that if I am elected, I must maintain these eligibility requirements throughout my term of office.

I understand that if, during my term of office, I fail to maintain the eligibility requirements, I will immediately notify the MASN Board of Directors and that a vacancy will be declared in the office that I hold.

I understand that to serve in an MASN elected position I must be an NSNA member (NSNA Bylaws Article IV Section 2) and that I must be enrolled in a nursing program as indicated in NSNA Bylaws Article IV Section 2.1.a and 2.2.a. I understand that to be enrolled in nursing school means that I have registered for and paid tuition for the semesters during my term of office (NSNA Bylaws Article IV Section 2.1.a.b and 2.2.a; Article V Section 3.a and b; Article VI Section 1.a) and that I am attending classes. I understand that the MASN has the right to verify my nursing school enrollment status at anytime during my term of office.

Candidate's
Signature _____ **DATE** _____

SECTION 7 Consent Statement and Willingness to Serve

If elected, I agree to serve the MASN from this convention until the last meeting of the next convention to the best of my ability and am aware of the time and effort demanded by the responsibilities outlined for the office to which I have been nominated. To the best of my knowledge, all statements on this application are true. I realize that any falsity, incompleteness, or failure to follow directions on this application may result in my disqualification as a candidate and/or potential MASN office holder.

In the event that I do not fulfill my responsibilities to MASN, I agree to repay MASN any monies spent on me in proportion to my unfulfilled term, should repayment be requested. I also agree to abide by the MASN Bylaws and the MASN Policy and Procedure Manual during my term of office. If these Bylaws and Policies are not followed, I may be removed from office by a ¾ vote of the Board.

I understand that the MASN Board of Directors meets each month in Jackson, and **I agree to attend all Board of Directors meetings.** If I graduate in May, I understand that my term of office does not end until the final Board of Directors meeting the day after the next convention, and **I agree to attend all meetings for the duration of the convention including the final Board of Directors meeting.**

I understand that my term of office begins at the final Board of Directors meeting the day after convention, and **I agree to attend the entire final Board of Directors meeting.**

Candidate's Signature _____ **DATE** _____

SECTION 8 Campaign Regulations/Ethics Statement

I have read and understand the Campaign Regulations. Furthermore, I also understand that any violation of the Campaign Regulations may lead to action by the MASN Board concerning my status as a candidate and/or potential officer. As a candidate I will conduct my campaign in an honest and ethical manner, with particular consideration for the rights and privileges of fellow candidates, delegates, and MASN constituents. Furthermore, as a candidate I pledge to support the mission and integrity of the MASN throughout the campaigning and election process; and throughout my term of office, if elected. I am aware that any reported campaign violations will be addressed as mandated in Section 13 of the Campaign Regulations, Campaign Ethics and Professionalism.

Candidate's Signature _____ **DATE** _____

Campaign Manager's Signature _____ **DATE** _____

Alternate Campaign Manager's Signature _____ **DATE** _____

SECTION 9 Campaign Manager/Alternate Campaign Manager Information

Candidates are not required to have a campaign manager and/or alternate campaign manager. Candidates having a campaign manager and/or alternate campaign manager must complete this section and have their campaign manager/alternate campaign manager sign Section 9 of this form. If you do not know your campaign manager(s) at the time of application, you must give names to the NEC at the convention.

The following person(s) will serve as campaign manager (and alternate) and will supervise and coordinate all campaign activities according to the rules set down by NSNA.

Campaign Manager - Name _____

Address _____

City _____ State _____ Zip _____

NSNA Member # _____ Exp. Date _____ Phone number () _____

Alternate Campaign Manager - Name _____

Address _____

City _____ State _____ Zip _____

NSNA Member # _____ Exp. Date _____ Phone number () _____