



VNSA Board of Directors Application

Name: _____ Email: _____

School: _____ NSNA Member #: _____

Year of graduation/Study: _____ GPA: _____

Position applying for:

- PRESIDENT:** Presides over all meetings; appoints committees; cosigns checks with Treasurer; represents VNSA in matters relating to association.
- FIRST VICE PRESIDENT:** Assumes the duties of President in the absence/vacancy of the President; responsible for the planning of the Annual Convention.
- SECOND VICE PRESIDENT:** Reviews and gives recommendations for the Bylaws; serves as a resource person in the parliamentary procedures; assumes the position of the First Vice President when there is a vacancy
- SECRETARY:** Keeps files and records all minutes; keeps register for roll call of all official delegates; conducts general correspondence for the VNSA as requested.
- TREASURER:** Acts as custodian of VNSA funds; keeps accurate files and gives reports at the Board Meetings.
- LEGISLATIVE DIRECTOR:** Keeps the Board informed of current legislation; educates VNSA constituencies on how to become politically active; serves as representative and attends meetings of the Legislative Coalition of Virginia Nurses.
- BREAKTHROUGH TO NURSING DIRECTOR:** Coordinates activities for general recruitment; advises constituent associations of recruitment affairs and programs.
- DIRECTOR-AT-LARGE:** Assists the 1st Vice President in planning of the Annual Convention; assists the Torch editor.
- TORCH EDITOR:** Responsible for writing, editing, publishing, and distributing the official publication of VNSA, The Torch
- TREASURERNOMINATIONS AND ELECTIONS COMMITTEE DIRECTOR:** Responsible for organizing and running elections at the VNSA Annual State ConventionActs as custodian of VNSA funds; keeps accurate files and gives reports at the Board Meetings.
- PUBLIC RELATIONS DIRECTOR:** Responsible for updating and maintaining content of the VNSA website.

Do you have any experience that you feel would be beneficial to the Board and this position? _____

What do you feel you can bring to VNSA? _____

Are you currently a delegate or officer of your school's SNA? _____

Reference (non-relative) Name/Email/Phone number: _____

Signature _____ Date: _____

Dean or Advisor's Signature _____ Date: _____

Please sign and return this application to:
Virginia Nursing Student Association
P.O. Box 1843
Charlottesville, VA
22903-0543