

MI NURSES Association

BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Christine Vanderkolk**

Member: LBU

Personal Email: Christine5414@gmail.com

Cell Phone: (734) 780-5397

Home Phone:

Work Phone:

Education (*post high school; basic preparation through highest degree held*)

Degree Awarded	Institution (Name, City, State)	Major Area of Study	Year
BSN	Madonna University	Nursing	2008

Credentials (RN, CNP, etc.): RN

Employer/Local Bargaining Unit: Michigan Medicine Shift/Unit: Days/ Emergency Department
Leadership title(s) and responsibilities: Follow-Up Nurse, Charge Nurse, Emergency Crit. Care (EC3) trained nurse, Member of ASAP documentation committee, Member of facilities/nursing partnership team

Relevant MNA experience:

Elected: Officers: President, Vice President, Secretary & Treasurer (*attach a viewpoint, 250 words maximum*)
Board of Directors
Committees: Impartial and Nominations

Appointed: Committees: Bylaws, CE Provider Unit, Diversity, Resolution, Retirement
Councils: Clinical Nursing Practice, Advocacy, and Education; Legislation and Public Policy; Workplace Health & Safety
MNA-Political Action Committee (MNA-PAC)

I am interested in being a candidate for the following office(s):

1) ICU-ER Area Rep 2) 3) 4)

CONSENT: If elected or appointed to office, as a member in good standing, I will serve MNA in the interest of professional nursing and abide by the MNA Bylaws, the MNA House of Delegates and Board policies and actions.

I have no potential conflict of interest

Signature:

Date:

