

## DAORN MEMBER BIOGRAPHY UPDATE

The Nominating Committee collects ballot information for the coming year. Please complete the following form and return it to the Nominating Committee Chairman/Member by: \_\_\_\_\_. Keep a copy for yourself as a record of your DAORN work.

Name: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Joined DAORN (Year): \_\_\_\_\_ Hospital Captain: Yes \_\_\_ No \_\_\_

CNOR: Yes \_\_\_ No \_\_\_ Number of years: \_\_\_\_\_

National Offices Held: \_\_\_\_\_  
\_\_\_\_\_

DAORN Chapter Offices Held: \_\_\_\_\_  
\_\_\_\_\_

Past DAORN Committees: Indicate if Chairman, Co-Chairman, member and number of Year(s) on each Committee:

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

Current DAORN Committees presently on:

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

Past National Committees: \_\_\_\_\_  
\_\_\_\_\_

Current National Committees: \_\_\_\_\_

Other AORN chapter (city or out of state) involvement: \_\_\_\_\_  
\_\_\_\_\_

Number of Congresses Attended: \_\_\_\_\_ Number as a delegate: \_\_\_\_\_

Community Projects: (OR Nurse Day at the Museum, Habitat for Humanity etc): \_\_\_\_\_

Mail, email, FAX to: \_\_\_\_\_

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Kathy Doughty  
8481 W. Union Ave. Unit 5-203  
Littleton, CO 80123  
C) 720) 422-2631  
kathy.doughty@dhha.org