Volunteers are the heart of FADONA. Our strength is a result of the time and effort provided by those who volunteer their time and knowledge to serve their colleagues and to further nurse administration in long-term care.

We invite each member to become more involved in the Florida Association Directors of Nursing Administration (FADONA). Numerous volunteer opportunities are available to serve for a year or two, a month, or even a day. You can help guide our association, advise the board of directors, coordinate or lead a program, or even start a new chapter or committee.

Participating as a volunteer provides a gateway to develop and hone leadership skills, increase professional contacts, and give back to the profession. Let us know what types of volunteer opportunities interest you and whether you are interested in the local, regional and/or statewide levels. We look forward to your involvement in FADONA. Should you have any questions, please contact Ian Cordes, director of operations, at (561) 683-0037, or icordes@bellsouth.net.

FADONA NEEDS YOU!

CALL FOR NOMINATIONS

Support FADONA’s membership by being elected to a position and serving on the FADONA Board of Directors. The bylaws state that the Nominating Committee will present the slate of officers to the membership at least 60 days prior to the annual meeting, prepare a mail-in ballot, and ask members to return the mail-in ballot no later than 30 days before FADONA’s 30th Annual Convention, March 13-16, 2017. Newly elected officers will be installed at the closing of the annual business meeting by the president.

The following FADONA leadership positions will be vacated in April 2017:
- President
- 1st Vice-President
- Treasurer
- Region I Vice President
- Region II Vice President
- Region V Vice President
- Region VII Vice President

If you are interested in running for office, please complete the Candidate Information Form below and forward your nomination(s), postmarked no later than December 31, 2016, to Bonnie Cruz, Immediate Past-President, and Chair, FADONA Nominating Committee, c/o FADONA 400 Executive Center Drive, Suite 208, West Palm Beach FL 33401. You may also fax it to (561) 689-6324 by the stated deadline.

FADONA Candidate Information Form

Name: _________________________________________________________________ Membership Expires: ____________
Address: _________________________________________________________________ Phone: __________________
Facility: _______________________________________________________________ E-mail: __________________
Position: ________________________________ Years as DON: _____________ Currently a DON: _____ YES _____ NO
Indicate office or position for which you are applying: _________________________________________________________

How long have you been a member of FADONA? ______________ years. Have you ever held office in FADONA? ______________
Which office? ______________________________ Have you ever served on any FADONA committees? ______________
Indicate which committee(s):
Are you a FADONA Founding Member? __________________ A FADONA Charter Member? ______________
An officer in a local or state association? ______________ (If yes, name of association) ______________
Have you attended any national conferences? ______________ Florida state convention(s)? ______________
If yes, which ones? ______________
Are you a CDONA/LTC? ______________ Indicate year of certification: ____/____/____
Are you free to travel at least three times a year for 1-4 days? ______________
Are you free to conduct some Association business during regular hours? ______________

In 50 words or less (use another sheet if necessary), indicate why you would like to be an officer of FADONA/LTC and why you feel you are qualified to assume this position (include educational background as well):

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

I understand that my application for office in FADONA will be reviewed by the Nominating Committee of the Association, which will, if necessary, and with my permission, use my application for any other open offices at the time of my application.

Signature: ______________________________________________________ Date: ____/____/____

Candidate information forms received after December 31, 2016 will not be accepted.