EXPRESSION OF INTEREST FORM

Ontario Nurses' Association (ONA)

ONA34 Expression of Interest Form

Election Scrutineer

Name: _____

Contact Number: _____

E-mail address: _____

Site and Unit: _____

ONA Membership #: _____

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1. Briefly explain why you wish to be an Election Scrutineer:

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2. Please indicate any of your experiences, education and interests that would make you an effective Election Scrutineer:

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Please mark below the time(s) available to work:

- ❑ Available from 0630hrs to 2000hrs
- ❑ Available from 2000hrs to 0000hrs (approx. end time, please ensure you are off the next day)

Deadline for submission: Thursday, August 20, 2026, at 1600hrs

Submit completed applications to ONA34Elections@ona.org

You will receive a confirmation of receipt of this application from ONA34Elections@ona.org