

Sigma Theta Tau International  
Honor Society of Nursing  
Eta Kappa Chapter-at-Large

**POSITION DESCRIPTION: LEADERSHIP INTERN**

**Reports to:** Board of Directors and specific Board member(s) as assigned.

**Term:** Two (2) years

**Committee Memberships:** No standing committee memberships. May be assigned to a specific committee on as need basis.

**Responsibilities:**

1. Assist the Board President and assigned member(s) in carrying out his/her duties;
2. Initiate chapter involvement in two (2) service projects per year
  - a. Present information about potential projects to the Board
  - b. Coordinate with service project contacts
  - c. Encourage participation through publicity and communication efforts with chapter members;
3. Accumulate documentation regarding service project events for chapter and regional newsletters and report information for Key Award submission;
4. Maintain active participation with the Chapter (eg attend Board and Business meetings and events);
5. Attend Regional meetings, International Biennial Convention, or Leadership Academy as possible.

## Leadership Intern Program Application

### **Eta Kappa Chapter**

Sigma Theta Tau International Honor Society of Nursing

### **Application**

Individual Applicant

Name \_\_\_\_\_

Applicant's Place of Employment

Organization \_\_\_\_\_

Credentials \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

State & Zip \_\_\_\_\_

e-mail address: \_\_\_\_\_

### **Sigma Theta Tau Leadership Information**

Leadership positions held in nursing/healthcare organizations and associations.

Position \_\_\_\_\_ Year \_\_\_\_\_

Position \_\_\_\_\_ Year \_\_\_\_\_

Position \_\_\_\_\_ Year \_\_\_\_\_

### **References** (must submit two names as references)

1) Name \_\_\_\_\_

Organization \_\_\_\_\_

Professional Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone \_\_\_\_\_

e-mail address: \_\_\_\_\_

2) Name \_\_\_\_\_

Organization \_\_\_\_\_

Professional Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Leadership Intent**

Brief Description: Please include a statement of interest in the Chapter Leadership Intern appointment.

Mail to: Sigma Theta Tau  
Intern Application  
Baker University School of Nursing  
1500 SW 10<sup>th</sup> St.  
Topeka, KS 66604