

**BIOGRAPHICAL STATEMENT AND CONSENT TO SERVE FORM**

Name: \_\_Hilary Nuest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_306 E 19th St Apt 2B Indianapolis, IN 46202 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_219-204-2007 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_ IU Health \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_hknuest@gmail.com \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Membership in APTA and Indiana Chapter: \_\_4\_\_\_\_\_\_\_\_\_\_\_\_

POSITION RUNNING FOR: \_\_\_New Professional and Nominating Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: Doctor of Physical Therapy from IU Indianapolis in 2015; Bachelor of Science from IU Bloomington in 2012

Previous APTA/Other Leadership Activities: IU SOC PT Board Member – Research Chair; 2015 PT Day on Capitol Hill; Platform presenter at CSM 2015

Write a statement about why you want to run for a particular position (this will be published in your words):

As a new therapist, I am eager to learn more about the Indiana Chapter and to serve as a member of the Nominating Committee for our district. It is easy to take for granted all of the work that goes into developing our professional organization; I want to give back with my time to help advance our profession and to help motivate and seek out qualified individuals for board and committee positions.

**Consent to Serve Statement:**

I acknowledge the duties of the above position have been provided to me and I agree to serve in the position should I be slated and then elected. I am willing and able to attend all INAPTA Meetings as requested. I agree to be responsive to electronic communications as part of conducting the business of INAPTA.

Signature: \_\_\_\_Hilary Nuest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_09/12/16 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PROVIDE A HEADSHOT (DOES NOT NEED TO BE FORMAL)



Please return the Biographical Statement & Consent Form and Headshot to inapta@apta.org by September 16, 2016.