

Bergen County School Nurses Association

Retiree Information Sheet

Please print or type information

First Name _____ Middle _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone: (____) _____ Work Phone: (____) _____

Current School Information

School #1:

School #2 (if applicable):

Name of School _____

Street Address _____

City, State, Zip _____

Principal's Name _____

Superintendent's Name _____

Super's Street Address _____

Super's City, State, Zip _____

Super's Office Phone # (____) _____ (____) _____

Total Number of Years as a School Nurse: _____

If you would like a friend to speak on your behalf at the May Retirement Celebration, please provide the following information:

Name of speaker: _____ Phone #: _____

Street Address: _____ City, State, and Zip: _____

Please summarize any previous employment as a school nurse with dates and school district(s) noted: _____

Have you been a member "in good standing" of the BCSNA for the last five years? Yes___ No___

Are you a member of the New Jersey School Nurses Association? Yes___ No___

School of Nursing _____ Year of graduation: _____

Additional Degrees: University _____ Year of graduation: _____

University _____ Year of graduation: _____

Please include something about yourself, highlights of your career, your hobbies, etc. that may be shared with others when you are honored. _____

Please list any non-school nursing experience(s): _____

Please note your plans for retirement (e.g., travel, volunteer, teach, play golf, etc.): _____

Please return completed information **BY APRIL 15 TO:**

Beverly B. Vandenberg

captainbbv@optonline.net