APPLICATION FOR APPOINTMENT TO COUNTY-CITY JOINT BOARD

PLEASE PRINT LEGIBLY and COMPLETE ALL ITEMS

I am interested in serving on the: ______ EMERGENCY MEDICAL SERVICES OVERSIGHT BOARD (EMOB) ______

Name: _____________________________

Street Address: ____________________________ ____________________________ ____________________________

City: ____________________________ Zip Code: __________

Mailing Address (if different from street address): _________________________________________________________

Day Telephone: __________ Evening Telephone: __________ Cell Phone: __________

E-mail address: ____________________________________________________________

1. Specify which position you are applying for: __________________________________________________________

2. Do you meet the residency and affiliation requirements of the position you’re applying? ( ) yes ( ) no

3. Are you registered to vote in Whatcom County? _____________________________ ( ) yes ( ) no

4. Please describe your affiliations related to Emergency Medical Services (ALS or BLS) in Whatcom County:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

5. Please describe your occupation (or former occupation if retired), and qualifications related to this position:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

6. Education: _______________________________________________________________________________

7. Professional and/or community activities: ____________________________ ____________________________ ____________________________________________________________
   ___________________________________________________________________________________________

8. Please describe why you’re interested in serving on this board: ____________________________ ____________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

9. Do you or your spouse have a financial interest in, or are you an employee or officer of any business or agency which does business with either Whatcom County or the City of Bellingham? ( ) yes ( ) no

References (please include daytime telephone number): ____________________________ ____________________________ ____________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

Today’s Date ___________________________________________________________________________________________

Signature of Applicant ___________________________________________________________________________________________

THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or committee, the above information will be available to the County and City Councils, County Executive, Mayor and the public. All board and commission members are expected to be fair, impartial, and respectful of the public, County and City staff, and each other. Failure to abide by these expectations may result in revocation of appointment and removal from the appointive position.