



County Executive Office
Whatcom County
Courthouse
311 Grand Avenue, Suite 108
Bellingham, WA 98225

Office of the Mayor
City Hall, 210 Lottie Street
Bellingham, WA 98225
(360) 778-8100



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 (EOB)

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.