

**Regional EMS and Trauma Care Council
Membership Application**

**Attestation of Request for Appointment or Reappointment**

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| Name:       | Position #:       |
| Application for: [ ]  Appointment [ ]  Reappointment, for the  EMS/Trauma Care Council. |
| I am applying as       representative from       County. |
| Preferred mailing address for council business:       |
| City:       | State:       | Zip Code:       |

**Applicant contact information**

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| --- |
| Contact phone: (     )     -      [ ]  Work [ ]  Home [ ]  Cell |
| Primary email:       | Secondary email:       |

**Agency/Organization Recommendation**

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| --- |
| Is this position representing an agency or organization? [ ]  Yes [ ]  No If yes, get the agency or organization signature below. |
| Agency or organization name:       |
| Head of agency or organization signature: |

**Local Council recommendation:**

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| --- |
| Does this county have a local council? [ ]  Yes [ ]  No If yes, please get chair/president signature below. |
| Local chair/president name:       |
| Signature: |

 **Please answer the following questions:**

1. Why are you interested in serving on the Regional Council?
2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position?
3. Where are you currently employed?

My signature attests that I have the authority to represent my agency or entity on the regional council, and that I understand my responsibility as outlined in the Regional Council Member’s handbook.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Before submitting this form, please make sure that you have local council’s signature and your agency head’s signature if necessary.

Mail your completed form to the regional council to which you are applying (listed below):

**Central Region EMS & Trauma Care Council East Region EMS & Trauma Care Council**
22414-87th Ave W. **North Central Emergency Care council**
Edmonds, WA 98026 123 Ohme Garden Rd., Suite B
rachelcory@comcast.net Wenatchee, WA 98801
 rcook@ncecc.org

**North Region EMS & Trauma Care Council Northwest Region EMS & Trauma Care Council**P.O. Box 764 P.O. Box 5179
Burlington, WA 98233 Bremerton, WA 98312
martina@northregionems.com admin@nwrems.org

**South Central Region EMS &Trauma Care Council West Region EMS & Trauma Care Council
Southwest Region EMS & Trauma Care Council** 5911 Black Lake Blvd SWP.O. Box 65158 Olympia, WA 98512
Vancouver, WA 98665 anne@wrems.com
regionems@gmail.com

 **Regional Councils:** Send completed forms by mail or email.

Regional Council Appointments Coordinator
Office of EMS and Trauma System
PO BOX 47853
Olympia, WA 98504-7853
Email: regionEMS@doh.wa.gov

**For Office Use Only:**

Application Receipt Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appt./Reappt. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_