

NORTHWEST COMMUNITY EMS SYSTEM ADVISORY BOARD APPLICATION – 2023

Name: (Please PRINT)	Agency/ hospital:
Current position (Include rank if appl.):	Years in profession: Years in the NWC EMSS:
Phone #:	e-mail address:
Appointed POSITION – Openings (Check one)	
Associate Hospital Administrator	<input type="checkbox"/> Alternate (1 opening)
Associate Hospital EMS Physician	<input type="checkbox"/> Alternate (1 opening)
Associate Hospital EMS Coordinator	<input type="checkbox"/> Member (1 opening)
Chief	<input type="checkbox"/> Alternate (1 opening)
Elected BOARD POSITION DESIRED: (Check one)	
Paramedic non-officer	<input type="checkbox"/> Member (3 openings)
ECRN:	<input type="checkbox"/> Alternate (3 openings)
Law enforcement	<input type="checkbox"/> Alternate (1 opening)
Emergency Medical Dispatcher:	<input type="checkbox"/> Alternate (1 opening)

Give a brief description of your experience in, and contributions to your profession and why you are applying for Board membership. (If you need additional space, use the back of this form.)

[illegible]

Statement of Intent:

I am applying to be a member/alternate of the NWC EMS System Advisory Board and agree to fulfill all obligations and commitments stated in the Board's By-Laws. I understand the expectations of Board membership and agree to attend meetings and represent my constituencies to the best of my ability.

Signature of Applicant

Date _____

Return completed application to the NWC EMSS Office by January 11, 2023. May drop off, fax, scan and send electronically or put into the mail. Fax: 847-618-4489 or send to cmattera@nch.org
THANKS for your willingness to serve in our shared leadership process!