

**NORTHWEST COMMUNITY EMS SYSTEM
EMS ADVISORY BOARD APPLICATION – 2024**

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 desired (Check one)	
Associate Hospital Administrator	<input type="checkbox"/> Alternate (1 opening)
Associate Hospital EMS Physician	<input type="checkbox"/> Alternate (1 opening)
Law enforcement	<input type="checkbox"/> Alternate (1 opening)
Public citizens	<input type="checkbox"/> Member & alt. (2 openings)
Emergency Medical Dispatcher	<input type="checkbox"/> Member (1 opening)
Elected POSITION desired: (Check one)	
ECRN	<input type="checkbox"/> Alternate (1 opening)
Officer Paramedic	<input type="checkbox"/> Member (1 opening)
Paramedic non-officer	<input type="checkbox"/> Member (1 opening)
Paramedic non-officer	<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.)

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 May 6, 2024. 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!