Address:

Email:

Name:

Phone:

Note: Appointed board members mu they can be reached with questions fr				1 ,
List only phone OR	List only email	OR	List be	oth
Name of the Board you are interes	sted in serving on	:		
How long have you been a residen	it of Tooele Coun	ity?		
Educational and/or Professional e	experience, as rela	ating to the po	sition i	for which you are applying:
Why do you want to serve on this l		YES	·	served on this board? NO serve and for how long?
Do you have a referral or recomme YES NO If yes, from whom?		Are you curren YES If yes, which b	·	ving on any other boards?
Are you applying to: Fill a midterm vacancy Yes, for: Start a new term N/A, or not sure	1	ooard position YES Is there anythi	for thi	to vacate your current s new one? NO e you'd like to tell the Council about cision being made?
Please continue filli	ng out			

questions on next page

EMERGENCY MEDICAL SERVICES COUNCIL

County statutes require that members come from varying medical & government agencies.

I am a representative for which of the following:

Medical Director Representative

Hospital Administrator (appointed by hospital)

ER Nurse / Clinical Representative

Ground / Air EMS Provider

Public Safety Representative (appointed by Tooele Co LEEDS)

Tooele Co Fire Chief Association Representative

Tooele Co Emergency Management Dept

Tooele Co Health Dept (appointed by ToCo Health Officer)

Tooele Co Designee

EMS Dispatch Representative (appointed by Sheriff)

At-large member of the community (appointed by Council)

The agency / business name I represent (or enter N/A):

Thanks for your interest in serving!

If selected, you will be contacted by our office.

If not, your application will remain on file for 1 year for future consideration.

Please save the application and email submissions to: tooelecountyboard@tooeleco.org