



Regional EMS and Trauma Care Council
Membership Application

Attestation of Request for Appointment or Reappointment

Name:	Position #:	<input type="checkbox"/> Primary
		<input type="checkbox"/> Alternate
Application for: Choose an item. for the Choose an item. region EMS/trauma care council		
I am applying for a Choose an item. position representing Click here to enter text. from		County
Preferred mailing address for council business:		
City:	State:	ZIP Code:
Date of last Open Public Meetings Act (OPMA) training, if known:		

Applicant contact information

Contact phone:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
Primary email:	Secondary email:		

Agency/Organization Recommendation

Is this position representing an agency or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, get the agency or organization signature below		
Agency or organization name:		
Head of agency or organization signature:		

Local Council recommendation:

Does this county have a local council? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Members' handbook.

Applicant Signature: _____

Date:

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

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

Central Region EMS & Trauma Care Council

PO Box 1442
Enumclaw, WA 98022
randi@centralregionems.org

North Region EMS & Trauma Care Council

PO Box 55
Anacortes, WA 98221
nadja@northregionems.com

South Central Region EMS & Trauma Care Council

Southwest Region EMS & Trauma Care Council
1717 NW 93rd Circle
Vancouver, WA 98665
regionems@gmail.com

East Region EMS & Trauma Care Council

North Central Emergency Care Council
PO BOX 4625
Wenatchee, WA 98807
rcook@ncecc.org

Northwest Region EMS & Trauma Care Council

P.O. Box 5179
Bremerton, WA 98312
rene@nwrems.com

West Region EMS & Trauma Care Council

5911 Black Lake Blvd. S.W.
Olympia, WA 98512
director@wrems.com

Regional Councils: Add comments and send completed forms by email to regionEMS@doh.wa.gov