

Regional EMS and Trauma Care Council  
Membership Application

**Attestation of Request for Appointment or Reappointment**

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| --- | --- | --- | --- |
| Name: | | Position #: | Primary |
| 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:        Work  Home  Cell | |
| Primary email: | Secondary email: |

**Agency/Organization Recommendation**

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

**Local Council recommendation:**

|  |
| --- |
| 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 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.  
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Mail or email (preferred) your completed form to the regional council to which you are applying:

**Central Region EMS & Trauma Care Council**

PO Box 1442

Enumclaw, WA 98022

[randi@centralregionems.org](mailto:randi@centralregionems.org)

**North Region EMS & Trauma Care Council**

PO Box 55

Anacortes, WA 98221

[nadja@northregionems.com](mailto:nadja@northregionems.com)

**South Central Region EMS & Trauma Care Council**

**Southwest Region EMS & Trauma Care Council**

7202 NE Hwy 99: Ste 106-336

Vancouver, WA 98665

[regionems@gmail.com](mailto:regionems@gmail.com)

**East Region EMS & Trauma Care Council**

**North Central Emergency Care Council**

PO BOX 4625

Wenatchee, WA 98807

[rcook@ncecc.org](mailto:rcook@ncecc.org)

**Northwest Region EMS & Trauma Care Council**

PO Box 1910

Shelton, WA 98584

[admin@nwrems.com](mailto:admin@nwrems.com)

**West Region EMS & Trauma Care Council**

5911 Black Lake Blvd. SW

Olympia, WA 98512

[director@wrems.com](mailto:director@wrems.com)

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**Regional Councils Only:** Add comments and send completed forms by email to [regionEMS@doh.wa.gov](mailto:regionEMS@doh.wa.gov)