

APPLICATION FOR APPOINTMENT – Martin County Emergency Medical Services Advisory Council – Please Print

Type of Member:

- Fire Rescue Department
- Martin County Medical Director
- Representative from Emergency Room Physicians on staff at a Martin County hospital
- Representative from the Indian River State College EMT/Paramedic program
- Representative from the Martin County Sheriff's Office
- Representative from the City of Stuart
- Representative from the Town of Jupiter Island
- Representative from the Town of Sewall's Point
- Representative from the Village of Indiantown
- A lay-person
- ALTERNATE for any of the above

Check One: Mrs. Mr. Ms. Miss Dr.

Name: FRANK LASAGA

Residence Address: 103 BUNKER HILL RD HOBE SOUND FL 33455
Street/City/Zip Code

Mailing Address: N/A
(if different) Street/City/Zip Code

Commission District in which you reside: _____ Staff will complete.

Are you available year round to attend meetings? yes no If **no**, what months **are** you available?

Telephone numbers: daytime: 545-0112 alternate: 545-0127 alternate: 215-6619
Area Codes are considered 772 unless noted otherwise.

EMAIL: flasaga@tji.martin.fl.us

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions. yes no If yes, please provide the following information:

TYPE OF OFFENCES: N/A

DATES: _____

PLACES (city/state): _____

SENTENCES OR FINES: _____

A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered. The Martin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.

EDUCATION/EXPERIENCE: A resume is recommended to be attached containing this and any other information that would be helpful to the Board in evaluating your application. Resume or letter of qualifications attached? yes no

Education: BS ENVIRONMENTAL MGMT. UOF MD-VC

Employment Experience: 25 YRS EMERGENCY SERVICES INCLUDING FIRE, ALS, AND LAW ENFORCEMENT OPERATIONS, TRAINING, EMERGENCY MGMT.

Other experience you feel would be helpful to the Board in making this appointment: _____

Community Experience and Affiliations: CHAIR TREASURE COAST LOCAL EMERGENCY PLANNING COMMITTEE

Other County Boards/Committees/Task Forces on which you have served: _____


Do you or any member of your immediate family work for Martin County or hold a position that might conflict with your duties for this Board/Committee/Task Force? If yes, please explain: _____

REFERENCES: Please list two references:

ROBERT GARLO 772-545-0112

MICHAEL VENTURA 772 545-0100

- Applicants may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process. *This is not currently required.*
- Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true. (Pursuant to Section 92.525 Florida Statutes, falsifying this application is a Third Degree Felony punishable by up to five years imprisonment and up to a \$5,000 fine.)
- Florida law prohibits an advisory board member from doing business with its agency (The County). Section 112.313(3) and (7), Fla. Stat.

→ Signature:  Date: 6/8/21

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 **ASAP**. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.