

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.

RECEIVED

By Donna Gordon at 8:54 am, Jun 03, 2025

Name: Thomas McDonald

Residence Address: 800 SE Monterey Road, Stuart FL 34994

Street/City/Zip Code

Mailing Address: _____

(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: 772-475-9179

alternate: _____

alternate: _____

Area Codes are considered 772 unless noted otherwise.

EMAIL: tcmcdonald@mcsofl.org

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: _____

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.

→ CONTINUED →

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: Indian River State College (2013-2014) Florida Highway Patrol Training Academy (2014)

Employment Experience: Florida Highway Patrol (2014-2017) Martin County Sheriff's Office (2017-2020) (2021-present)

Monroe County Sheriff's Office (2020-2021)

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

Community Experience and Affiliations: Current EMS Advisory Council Alternate for MCSO.

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:

Daniel Dulac 772-220-7188

Matthew Immordino 772-220-7194

- 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: 06/03/25

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