



APPLICATION FOR APPOINTMENT COUNTY BOARDS, COMMITTEES, TASK FORCES

◆ PLEASE PRINT ◆

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

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 Community 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
☐ A lay-person to be appointed by the County Administrator
☐ **ALTERNATE** for any of the above

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

Name:

Michael Ferraro

Incumbent

RECEIVED

By Donna Gordon at 7:39 am, Jan 28, 2019

Residence Address:

1310 NW River Trail Street FL 34994

Street/City/Zip Code

Mailing Address:

same

(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: 772 485 8823 alternate: _____ alternate: _____

Area Codes are considered 772 unless noted otherwise.

EMAIL:

M.Ferraro@MARTIN.FL.GOV

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 OFFENSE	DATE	PLACE (City, State)	SENTENCE OR FINE

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.

→ CONTINUED →

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: Pls see Attached to this email

Employment Experience: _____

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

Community Experience and Affiliations: _____

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:

① Chief Schoegel : 772-497-4320

② Dr Don Wood: 772-485-2252

- 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: [Signature] Date: 1/24/15

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 by Friday, January 18, 2019. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.