

APPLICATION FOR APPOINTMENT COUNTY BOARDS, COMMITTEES, TASK FORCES

◆ PLEASE PRINT ◆

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL

Mailing Address: (if different) Street/City/Zip Code Commission District in which you reside: Are you available year round to attend meetings? Telephone numbers: daytime: Area Codes are considered 772 unless noted otherwise. EMAIL: 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	Type of Member: ☐ Fire Rescue Department ☐ Martin County Medical Did ☐ Representative from Eme ☐ Representative from the I ☐ A lay-person to be appointed ☐ ALTERNATE for any of the	rgency Roondian River Martin Cour Dity of Stuat Town of Jup Town of Se	irt biter Island wall's Point	artin County hospital ramedic program	
Residence Address: Street/City/Zip Code	Check One: ☐ Mrs. ☐ Mr.	□ Ms. □	l Miss □ Dr.		
Mailing Address: (if different) Street/City/Zip Code Commission District in which you reside: Are you available year round to attend meetings? yes no If no, what months are you available? Telephone numbers: daytime: Area Codes are considered 772 unless noted otherwise. EMAIL: 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:	Name:	Incu	ımbent		
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TYPE OF OFFENSE DATE PLACE (City, State) SENTENCE OR FINE	prosecution deferred, been plac with any offense (except min	ced on proba or traffic vi	ation, received a suspended sent olations)? Please show all co	tence or forfeited bail in connection onvictions, including driving while	
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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.

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? \square yes \square no
Education:
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:
 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 diong business with its agency (The County). Section 112.313(3) and (7), Fla. Stat.
Signature:

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.