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 ☐ Alay-person ☐ ALTERNATE for any of the above
Check One: ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.
Name: Troy Bowser
Residence Address: <u>486 SE SOUTHWOOD TRAIL</u> STUART, FL 34997 Street/City/Zip Code
Mailing Address:Street/City/Zip Code
Commission District in which you reside: Staff will complete. Are you available year round to attend meetings? \(\subseteq \text{yes} \subseteq \text{ no If } \text{no}, \text{ what months } \(\text{are} \) you available?
Telephone numbers: daytime: 772 - 288 - 5363 alternate: 772 - 215 - 1864 alternate:
EMAIL: TBOWSERECI. STUART, 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 ntoxicated (DUI) convictions. ☑ yes ☐ no If yes, please provide the following information:
TYPE OF OFFENCES: DUT
DATES: 1999
PLACES (city/state): MARTEN
SENTENCES OR FINES: NA

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: FF/MEDIC, COLLEGE CERTS
Employment Experience: FIREFIGHTER / PARAMEDIC (1994-2004), FIRE RESCUE LT (2004-2
BATTALION CHIEF (2018-2021), OPERATIONS CHIEF (2021-PRESENT) WITH THE CITY OF STURT FIRE RESCUE Other experience you feel would be helpful to the Board in making this appointment: NA
Community Experience and Affiliations: \sqrt{A}
Other County Boards/Committees/Task Forces on which you have served: NA
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: FIRE CHIEF VINCE FELICIONE
CETY MANAGER DAVID DYESS
 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: /- \(\lambda \) Date: \(\la