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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00568 (09/2019) | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wis. Stat §. 256  608-266-1568 |
| **EMS Board Sub-Committee Appointment Application** | |
| This form is required for those individuals interested in serving on a sub-committee of the Governor appointed EMS Board. The information on this form is used to qualify individuals for participation on a specific sub-committee as an ad-hoc member. Personally identifiable information requested on this form will only be used for verification and tracking purposes. Return completed form and necessary attachments via e-mail to [dhsemssmail@wisconsin.gov](mailto:dhsemssmail@wisconsin.gov) or via USPS to: Sub-Committee Application, WI EMS Section, 1 W Wilson St., P O Box 2659, Madison, WI 53701-2659. | |

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| **APPLICANT INFORMATION** | | | | | | | | | | |
| Last Name | | | | First Name | | | | Middle Initial | | |
| Mailing Address | | | | | | | | | | |
| City | State | | | | Zip Code | County | | Primary Telephone Number | | |
| Date of Birth | Job Title | | | | | | | | | |
| Agency or Company Name | | | | | | | | | | |
| Mailing Address | | | | | E-Mail Address | | | | | |
| City | | State | | | Zip Code | County | | | Work Telephone Number | |
| Service Name | | | | | | | | | |
| Preferred Mailing Address  Home  Work | | | Are you a state employee?  If yes, list department or division  Yes  No | | | | Are you an elected official?  If yes, what office do you hold?  Yes  No | | |
| Are you a licensed/certified professional?  Yes  No | | | If you are a licensed professional, please specify. | | | | | | |
| Do you belong to any professional groups?  Yes  No | | | If you belong to any professional groups, please specify. | | | | | | |

**Please list the committee names of which you are applying in preference order.**

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| 1. |
| 2. |
| 3. |
| 4. |

**In the space below, please provide the names of three people who are willing to serve as references.**

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| Name | Telephone Number | Relationship To You |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**If someone referred you to this committee, please list their name(s)**

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**RESUME**

Please attach a copy of your resume to this application with any relevant work experience, education, community involvement, government, or military service, honors, awards, and other talents.

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| **ESSAY**  In the space below, please provide a 500 words statement on why you are interested in working on a sub-committee of the EMS Board. |

By submitting this application you are affirming that all statements you have made in this document are true and that you understand that an extensive background check may be conducted if you are considered for appointment.

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| **SIGNATURE** - Person Submitting Application | Date |
| **Print Name** | |

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| **SEND FORM VIA E-Mail to:**  [dhsemssmail@wisconsin.gov](mailto:dhsemssmail@wisconsin.gov) | **OR** | **Form May Be Mailed To:**  WI EMS Section  1 W Wilson Street  PO Box 2659  Madison, WI, 53701-2659 |