

2024 Board of Directors Application Form

* 1. Basic Contact Information

Name

Home Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* 2. What is your EMS license level?

EMR

EMT

AEMT

Paramedic

Other (please specify)

* 3. What is your state license number?

* 4. How many years of EMS experience do you have?

* 5. Which other EMS organizations do you belong to?

* 6. Which EMS agency do you run with?

* 7. What is your current position with your EMS agency?

* 8. Provide a short bio that could be published on the WEMSA BOD ballot and/ or in public-facing publications should you be selected.

* 9. Please describe your interest and involvement in EMS, why you feel that you would be an asset as a member of the Board of Directors for WEMSA, and/or how your experience in the EMS field has inspired you to apply for a Board of Directors position with WEMSA. Please include a challenge that you feel EMS is (or will be) facing in Wisconsin, and how you propose we work with various stakeholders to develop/ implement solutions to mitigate this challenge.

* 10. Provide 3 areas of passion/ interest within EMS that drive you to impact change in the state of Wisconsin. Provide 1 - 2 sentences regarding each point of interest. This will be provided to members to consider alongside voting.

* 11. Please upload your letter of recommendation.

Please include one Letter of Reference (with an EMS affiliation) that includes: Why you would be an asset on the Board of Directors; what leadership skills you possess. Outlines an instance where you succeeded as a leader. Highlights your board interests such as advocacy, education, finance, membership, strategic planning, or board development. A portrayal of your overall working relationship with other members of the EMS community.

Choose File

Choose File

No file chosen

* 12. Please upload your resume/ CV.

Choose File

Choose File

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