



CLERK OF THE BOARD DIVISION
OF THE BOARD OF SUPERVISORS' OFFICE

COUNTY OF HUMBOLDT

825 FIFTH STREET
EUREKA, CALIF. 95501-1153

PHONE (707) 476-2384; 445-7299 (FAX)

APPLICATION TO SERVE ON THE HUMBOLDT COUNTY

EMERGENCY MEDICAL CARE COMMITTEE

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Fax: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

PERSONAL REFERENCES:

(1) _____ PHONE: _____

(2) _____ PHONE: _____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE? _____ NO _____ YES

PLEASE WRITE A BRIEF STATEMENT DESCRIBING WHY YOU'RE INTERESTED IN SERVING ON
THE **EMERGENCY MEDICAL CARE COMMITTEE**.

PLEASE ATTACH A CURRENT RESUME.

DATE: _____ SIGNATURE: _____

I declare under penalty of perjury under the laws of the State of California that the above is true and correct

SUBMIT THIS APPLICATION TO:

HUMBOLDT COUNTY EMERGENCY MEDICAL CARE COMMITTEE, Clerk of the Board, 825 Fifth Street, Suite 111,
Eureka, CA 95501-1153.

DATE TO SUPERVISOR _____ DATE APPROVED _____ NOT APPROVED _____