SUMMIT FIRE & MEDICAL DISTRICT

APPLICATION TO SERVE ON THE BOARD

PLEASE NOTE THAT THIS INFORMATION IS PUBLIC INFORMATION. ALL BOARD MEETINGS ARE LIVE STREAMED FOR PUBLIC VIEWING.

DATE: _____

YOUR NAME: _____ PHONE # _____

HOME ADDRESS: _____

MAILING ADDRESS (if different from above): _____

EMPLOYER: _____ JOB TITLE: _____

BUS. PHONE: _____EMAIL: _____

PREFERRED METHOD OF CONTACT: ☐ CELL ☐ EMAIL

PLEASE INDICATE EDUCATION: ☐ High School ☐ College ☐ Post-Graduate

NUMBER OF YEARS LIVING IN THE SUMMIT FIRE DISTRICT: _____

BY INITIALING HERE____ I CERTIFY THAT I MEET THE MINIMUM AGE OF 18 AS REQUIRED BY THE BOARD.

BACKGROUND INFORMATION: (Please explain how your community activities and other relevant experience / interests are applicable to this board.)

WHY DO YOU WANT TO SERVE ON THE BOARD?

I UNDERSTAND THAT ANY INFORMATION PROVIDED ABOVE IS PUBLIC INFORMATION AND I CERTIFY THAT I MEET THE SUMMIT FIRE & MEDICAL DISTRICTS BOARD REQUIREMENT OF LIVING WITHIN THE DISTRICT AND HAVE READ AND UNDERSTAND THE RIGHT TO HAVE MY APPLICATION CONSIDERED IN A PUBLIC MEETING.

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APPLICANT SIGNATURE