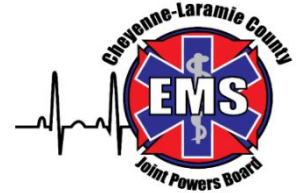


CHEYENNE/LARAMIE COUNTY EMS JOINT POWERS BOARD
APPOINTMENT APPLICATION



Name: _____ Preferred Name: _____

Mailing Address: _____ Home Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Are you or anyone in your immediate family and/or household currently
employed with the current EMS Contractor?

Yes No

Occupation: _____ Self-Employed?

Yes No

Employer/Name of business: _____

Address / Zip: _____ Phone: _____

Year Employed: _____ Years in EMS / Public Safety: _____

Education/Degrees: _____

Other community memberships: _____

Please explain your interest in serving on this Board:

Signature: _____ Date: _____

Please return to: Cheyenne/Laramie County EMS Joint Powers Board
Beth Harris, Executive Assistant
3962 Archer Parkway
Cheyenne, WY 82009
Email: Bharris@laramiecounty.com
Phone: 307-633-4336

=====For Office use Only=====

New Appointment: _____ or Reappointment: _____ Term Length: _____ Year(s)

Full Term: _____ or Unexpired Term: _____ Expiration Date: _____

Comments: _____