

EMS Region III, PO Box 1895, Clovis, NM 88102-1895 - jwilliams@lovington.org

**To: Region III EMS Providers and Interested Parties**

**From: James Williams, Chair Nominations Committee**

**Date: February 26, 2016**

**Re: Call for EMS Region III Board of Director Nominations**

**DUE MONDAY, MARCH 28, 2016**

Show your commitment to the value of Eastern New Mexico Emergency Medical Services Corporation Region III (EMS Region III) Board of Directors. EMS Region III will appoint four (4) Directors at the next regularly scheduled EMS Region III Board meeting:

 **Date: April 27, 2016**

 **Time: 6:00pm**

 **City, State: Ruidoso, NM**

You may nominate yourself or someone else. Nominating candidates for office is a valuable service to EMS Region III as well as being the county representative for EMS services. Eligible applicants are EMTs, medical directors, EMS directors/chiefs, hospital personnel, laypersons and emergency medical dispatchers residing in EMS Region III. The Board appointed nomination committee reviews all applications and recommends candidates to the governing Board of Directors for appointment.

**The following terms for the following position is currently open:**

* + - * **Curry County Representative**
* **Lincoln County Representative**
* **Quay County Representative**
* **Otero County Representative**

The Board of Directors is composed twelve members, one residing in each county of the service region. The Articles of Incorporation have established the terms of the initial Board. The appointing authority shall determine successors to the initial Directors, and any vacancies occurring on the Board. Four Directors’ terms will expire each year.

The main conditions of being a Board member are the availability and willingness to attend three (3) Board meeting each year of the three (3) year term; the availability and accessibility by phone for Board conference calls throughout the term; and agree to abide by EMS Region III’s bylaws related to the responsibilities of the Board member in his/her function as liaison to various committees as assigned by the Board President. Furthermore, Board members must be willing to contribute to a productive process and have an interest in quality EMS and trauma system development at the state and local level.

Board meetings are usually held in Clovis three times a year, with one meeting held at the Annual Conference in Ruidoso. EMS Region III pays mileage and per diem for Board members who are not sponsored by another agency.

Submission Process: All nominations should be sent as a single packet, or single e-mail, James Williams, 214 South Love Street, Lovington, NM 88260 or [jwilliams@lovington.org](mailto:samantha.griego@airmethods.com) so that they arrive by **Monday, March 28, 2016**. Each nomination should contain:

 Completed Application

 Nominee Statement: A brief statement from the nominee indicating a) his or her interest in serving, b) any special qualifications.

 Letters of Support

If you have questions about nominations or elections, please call me at (575) 704-0767 or via email at jwilliams@lovington.org

Sincerely,

James Williams

Chair, Nomination Committee

EMS Region III

Website: [www.emsregion3.org](http://www.emsregion3.org/)

**EMS R E GION III**

**BO A RD O F D I RE CT O RS**

PO Box 1895

Clovis NM 88102-1895

Phone: (575) 769-2639

Fax: (575) 769-3485

[www.emsregion3.org](http://www.emsregion3.org)**Application for Nomination**

***Due by Monday, March 28, 2016***

Name (Last, First, Middle):

**PERSONAL INFORMATION**

Social Security Number:

Home Address:

City: State: Zip:

Home Phone: Business Phone:

Fax Number: Email: Mobile:

Position you are applying for (list county):

**WORK RECORD/EMS SERVICE AFFILIATION**

|  |  |  |
| --- | --- | --- |
| Employer : | Date Employed: |  |
| Address: | Phone: |
| City: | State: | Zip: |
| Title/Duties: | Manager’s Name: |  |

**QUESTIONS (PLEASE PRINT) WHAT MAKES YOU FEEL THAT YOU’RE THE BEST PERSON FOR THE POSITION?**

**LIST EXPERIENCE AS IT RELATES TO THIS POSITION:**

**1. 2.**

**3. 4.**

**LIST YOUR KEY STRENGTHS:**

**1. 2.**

**3. 4.**

**LIST OTHER BOARD/COMMISSION APPOINTMENTS:**

**1. 2.**

**3. 4.**

**\*\*\* LETTERS OF SUPPORT ARE REQUIRED!!! \*\*\* Signature: Date:**