



EMS Region III, PO Box 1895, Clovis, NM 88102-1895 - jelliott@emsregion3.org

To: Region III EMS Providers and Interested Parties
From: Jan Elliott, Executive Director
Date: March 4, 2010
Re: Call for EMS Region III Board of Director Nominations
DUE FRIDAY, APRIL 2, 2010

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

- **Date: Wednesday, April 28, 2010**
- **Time: TBA**
- **City, State: Ruidoso, NM – Ruidoso Convention Center**

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 positions expire June 30, 2010.

- **Curry County Representative**
- **Eddy County Representative**
- **Lincoln County Representative**
- **Quay County Representative**

The Board of Directors is composed of not less than 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, to EMS Region III, PO Box 1895, Clovis NM, 88102-1895 or jelliott@emsregion3.org, so that they arrive by Friday, April 2, 2010. 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) 769-2639 or via email at jelliott@emsregion3.org.

Sincerely,

A handwritten signature in blue ink that reads "Jan Elliott". The signature is written in a cursive, flowing style.

Jan Elliott
Executive Director
EMS Region III
PO Box 1895
Clovis NM 88102-1895
Phone: 575-769-2639
Mobile: 575-799-2497
Fax: 575-769-3485
Website: www.emsregion3.org

EMS REGION III
BOARD OF DIRECTORS

PO Box 1895
Clovis NM 88102-1895
Phone: (575) 769-2639
Fax: (575) 769-3485
www.emsregion3.org

APPLICATION
FOR
NOMINATION

Due by Friday, April 2, 2010

PERSONAL INFORMATION

Name (Last, First, Middle):

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: