

## MONTANA EMS ADVISORY COMMITTEE APPLICATION

First And Last Name:

Telephone Number:

Email:

Montana ECP License Level, If Applicable:

EMS Agency Affiliation:

EMS Agency Role

Select The Position For Which You Are Applying:

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### LETTER OF INTEREST

#### Instructions:

On the following page, please describe why you are interested in serving on the EMS Advisory Committee, your qualifications for the position, your experience with Montana's EMS system, and your commitment to attending 4 meetings per year over a three-year period. Please include any additional information that will assist the Department in making its selection decision.

Once completed, print this form and email it, along with a copy of your resume, to Shari Graham, EMS Systems Manager ([sgraham2@mt.gov](mailto:sgraham2@mt.gov)).

The application and resume must be received by close of Business on November 10, 2023.

