

North Dakota EMS Association
“Fire/Rescue Appointee Form”



Name: _____

State ID Number: _____
(If available - 6 digit number)

Address: _____
(city, state, zip code)

Credentials: _____
(First Responder, EMT, FFII, CPR, Instructor, etc.)

Auto Extrication Certified: YES or NO

Expiration Date: _____

Auto Extrication Instructor Certified: YES or NO

Expiration Date: _____

Current Member of the ND EMS Association: YES or Will Become if Appointed

What experience do you have that would make you a good candidate to represent fire/rescue personnel in N.D.?

Describe any previous experience or relationship that you've had with the ND EMS Association?

What are your three greatest strengths, and most significant weakness?

Please list three non-personal references (name and best contact method):

1.

2.

3.

Necessary Qualifications:

1. A member of a North Dakota licensed fire department and/or rescue service,
2. Comply with the policies and bylaws of the North Dakota EMS Association, and
3. A member in good-standing of the North Dakota EMS Association.

Please return the form to: NDEMSEA, 1622 East Interstate Avenue, Bismarck ND 58503

The necessary information must be postmarked on or before December 31, 2015 to be considered.