



**APPLICATION FOR A POSITION ON THE BOARD OF DIRECTORS
TO THE
MILAM COUNTY EMERGENCY SERVICES DISTRICT NUMBER 1**

Date of Application: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are You a Resident of Milam County? _____ Yes, _____ No

Do You Own Property in Milam County? _____ Yes, _____ No

Are you 18 years of age or older? _____ Yes, _____ No

Are you able to meet the Attendance Requirements for this position? _____ Yes, _____ No

What is your background in Emergency Services? _____

What is your main interest and/or concerns In Regard to the Emergency Services District? _____

Signature: _____ Date: _____

**A Resume and/or References may be attached to and included with this
Application.**