



Lake Mohave Ranchos Fire District



Phone: (928) 767-3300

16126 Pierce Ferry Road or P.O. Box 611
Dolan Springs AZ, 86441

Fax: (928) 767-3301

APPLICATION for LMRFD BOARD OF DIRECTORS (APPOINTED POSITION)

WHEN COMPLETED PLEASE RETURN TO:

Email: admin@lmrfd.org

or drop off at: **16126 Pierce Ferry Rd, Dolan Springs AZ 86441**

(Do not mail, please)

Submittal of only a resume is not acceptable as a substitute for this completed application form.
Complete all sections. Use of the term "unknown" is not acceptable.
Please print all information. Attach any separate documents as needed.

Last Name _____ First _____ Middle _____

Mailing Address _____ City _____ State ____ Zip _____

Current Street Address (if different from mailing address)

Street Address _____ City _____ State ____ Zip _____

Contact Information:

Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____

Are you registered to vote in Mohave County?: Yes ___ No ___

Currently on the tax roll/resident within LMRFD?: Yes ___ No ___

Education and Training

In the space below, list any training you have acquired that might apply to the position you are seeking. List course(s) and/or training(s), description of course(s)/training(s), who provided course(s)/training(s), any certificate(s) issued and dates.

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Employment History

Please list most recent first. Attach a resume or separate sheet of paper if necessary.

| | | |
|--------------------------|-------------------|---------------------|
| Employer's Name: | Type of business: | |
| Employer's Address: | | |
| Phone Number: | | |
| Job Title / Description: | | |
| Worked from: (mo / yr) | To: (mo / yr) | Reason for leaving: |

| | | |
|--------------------------|-------------------|---------------------|
| Employer's Name: | Type of business: | |
| Employer's Address: | | |
| Phone Number: | | |
| Job Title / Description: | | |
| Worked from: (mo / yr) | To: (mo / yr) | Reason for leaving: |

Why are you interested in joining the LMRFD Governing Board?

Please describe any budget or financial experience you have.

Are you familiar with Fire District funding?

Do you have a background and understanding of Fire and Emergency Medical Services?

Are there any specific issues involving the Fire District that you are interested in?

Area(s) of expertise and other contributions you feel you can make as a board member?

Do you have reliable internet access? Yes_____ No_____

Please provide any additional comments or information that would be of assistance in considering you for this position. Use separate sheet of paper if necessary.

I certify that all information provided is correct and that I am a tax paying resident of Dolan Springs or Meadview that resides within the Lake Mohave Ranchos Fire District:

Name (Print): _____

Name (Signed): _____

Date: _____

Your application will be reviewed by current sitting LMRFD Governing Board members. You may be contacted by LMRFD using the information on this application during the selection process. Any information submitted is confidential and will not be shared with third parties.