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**Profile**

Amy Buckingham  
First Name Last Name

**Full/Legal Name (if different than name provided above)**

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[Redacted]  
Email Address

**Voter Registration Address**

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[Redacted]  
Street Address Suite or Apt  
[Redacted] [Redacted]  
City State Postal Code

**Mailing Address (if different than Voter Registration or Street address)**

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[Redacted]  
[Redacted] [Redacted]  
Primary Phone Alternate Phone

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**Which Boards would you like to apply for?**

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Emergency Medical Care Committee: Eligible

**Which position, seat, or representational category would you prefer?**

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Inland Hospital

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**Availability to Attend Meetings**

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None Selected

**Availability to Attend Meetings (Other)**

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**Interests & Experiences**

## Special Expertise, Experience, or Interest in This Area?

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Have been the EMCC chair for the last 2 years. I am the director of the Emergency Room at Howard Hospital.

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Upload a Resume

[Amy\\_BuckinghamCV.doc](#)

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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## Certification

Please read the following statements and indicate your acceptance thereof.

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I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

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I Agree \*