



## Charter Review Committee: **Interest Form**

**Description:** Residents of Multnomah County are required to review the county home rule charter every six years. The charter is the local version of a constitution, essentially creating the structure of Multnomah County government. A committee is appointed by state Senators and Representatives who meet to determine whether they have recommendations for charter revisions to suggest to voters. Past Charter Review Committees have suggested significant changes that were approved by a vote of the people. A recent example from 2010 is the creation of the Library District.

Members serve for approximately one year between August 30, 2015 and the Fall of 2016. Monthly meetings are held in the Multnomah Building, 501 SE Hawthorne Blvd., Portland, OR 97214 and are staffed by the County Attorney's Office. In the past, members have chosen to create sub-committees that meet outside of regular meetings to work on specific issues that are of interest.

**The Chair seeks a pool of applicants to share with state legislators responsible for appointing members to the Multnomah County Charter Review Committee.**

*\*Please note your address and political affiliation will be confirmed with the Election's Office as required by the county charter.*

Name: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Political Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

( Please print clearly )

Are you a resident of Multnomah County, Oregon?     YES     NO

( Turn page over to continue )

Reason(s) for wanting to serve on this committee:

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Please list any past or current work or community involvement ( volunteer/committee/board experience ) that would be relevant to this committee:

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Please state any potential conflicts of interest you may have relative to any county department:

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My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to appointment, may result in dismissal from the committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional Information:** Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**Please return application and resume to:**

Multnomah County Chair Deborah Kafoury's Office

**Attn: Marco Circosta**

501 SE Hawthorne, 6th floor

Portland, OR 97214

Phone #: 503-988-8392 Fax#: 503-988-3903

OR

Email: [marco.circosta@multco.us](mailto:marco.circosta@multco.us)