



Multnomah County Commission for Economic Dignity

Advisory Board Application Form

First Name:	MI:	Last Name:		
DOB:				
Street/Mailing Address:				
Phone: (Home &/or Offic	e)	Ok to text? Yes No		
E-mail:				
	24:1	DI 5 11 7 1 D 1 100 11		
The best way to reach you	u? (circle one) F	Phone E-mail Text Postal Mail		
Are you a Multnomah Co	unty Employee? (C	Circle one) Yes No		
Please state your connection to Multnomah County: □ Live □Work □Attend School □ Worship □ Recreate □ County Employee				
Live Swork Sate	sila Scriooi - vvoi	ranip Recreate County Employ		
When are you able to me	ot? / \ Doutime	o / \Evening		
when are you able to me	et? () Daytime () Weekda			
Why are you interested in	the MCCFD Board	12		
willy are you interested in	Time Miccel Bourd	•		
Area(s) of expertise/Contribution you feel you can make:				



Other volunteer commitments:
Please list name, address, and telephone number of two references:
1)
2)
Emergency Contact:
Lineigency contact.
Name:
Relationship:
Telephone:
Address:
Is there anything else that you would like to share about yourself? (Family needs,
transportation challenges, food allergies, health conditions to be aware of, special accommodations, etc.)
accommodations, etc.,



Please state any potential conflict of interest you n	nay have about any county department.
Signature:	Date:
For Board Use Nominee has had a personal meeting with staff, board chat Nominee application reviewed by the membership commit Nominee attended a board meeting. Date Nominee interviewed by the board. Date Action taken by the board	

Please return to:

Multnomah County Commission for Economic Dignity

(MCCED)

Attn: José Ibarra

421 SW Oak St, Ste. 200, Portland, OR 97204

Phone: 503-988-8109 Fax: 503-988-3332

E-mail: communityaction@multco.us

