



## **Multnomah County Commission for Economic Dignity**

## **Advisory Board Application Form**

First Name:	MI:	Last	Name:		
Street/Mailing Address:					
Phone: (Home &/or Office)		Ok to text?	Yes No		
E-mail:					
The best way to reach you?	(circle one)	Phone E-mail	Text Postal Mail		
Are you a Multnomah Coun	ty Employee? (	Circle one) Yes I	No		
Please state your connection to Multnomah County:  □ Live □Work □Attend School □ Worship □ Recreate □ County Employee					
		·	, , ,		
When are you able to meet			_		
	( ) Weekda	ays ( ) Weel	kend)		
Why are you interested in t	he MCCED Board	l?			
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 may have about any county department.	
Signature: Date:	
For Board Use	
Nominee has had a personal meeting with staff, board chair, or other board member. Date	
Nominee application reviewed by the membership committee. Date	
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: 971-280-3465 Fax: 503-988-3332

Email: communityaction@multco.us

