



MULTNOMAH COUNTY OREGON



Public Health
Prevent. Promote. Protect.

INTEREST FORM FOR FOOD SERVICE ADVISORY COMMITTEE MEMBERSHIP

In order to assess qualifications for appointment, it is important to fill out this form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

A. Name: Nellie deVries

Home Address: 160 Liberty St. NE #307

City: Salem State: OR Zip: 97301

Home Phone: 541-601-7272 Email Address: ndevries@oregonrla.org

Are you a resident of Multnomah County? Yes: No: X

B. Are you a member of the food industry (i.e. own a restaurant, mobile unit or participate in temporary events)? If so, what is the name and location of the restaurant?

Oregon Restaurant & Lodging Association

C. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:

- D. Membership will entail participating in committee work, usually about 2 hours total every other month. Are you able to make the time commitment necessary to participate at this level?

[X] Yes [] No

- E. Please provide personal or professional references:

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 my appointment to a board/commission, may result in my dismissal.

Signature: Nellie F. deVries Date: 8-28-12

RETURN COMPLETED FORM TO: Multnomah County Environmental Health Services
Attention: Ben Duncan, Program Development
Specialist Sr.
3653 SE 34th Ave.
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