



# MULTNOMAH COUNTY OREGON

## Citizen Advisory Board & Commissions Interest Form

The purpose of this form is to obtain information to use in making appointments to Multnomah County Citizen Advisory Boards and Commissions, ad hoc committees, task forces, etc. If you have a resume, please attach it to this form. **Please note that, with the exception of the confidential section, information provided in this document is public information.** Thank you for your interest in participating in County government.

Name: COLLEEN YOSHIMAZA, CPA.

Address: 3601 SW RIVER PKWY, #311

City: PORTLAND State: OR Zip: 97239

Daytime Phone: 503-988-3312, x22300 Email Address: CYOSHIMAZA@COMCAST.NET

Are you a resident of Multnomah County? Yes: ☒ No ☐

Occupation: SENIOR FISCAL COMPLIANCE SPECIALIST

### Please check board/commission of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Affordable Housing Review Committee                        | <input type="checkbox"/> Emergency Medical Services Advisory Board             |
| <input type="checkbox"/> Agricultural Board of Review                               | <input type="checkbox"/> Food Service Advisory Board                           |
| <input type="checkbox"/> Animal Control Advisory Committee                          | <input type="checkbox"/> Greenspaces Review Committee                          |
| <input type="checkbox"/> Audit Committee  | <input type="checkbox"/> Housing & Community Development Commission            |
| <input type="checkbox"/> Board of Property Tax Appeals                              | <input type="checkbox"/> Investment Advisory Board                             |
| <input type="checkbox"/> City/County Sustainable Development Commission             | <input type="checkbox"/> Joint Bicycle & Pedestrian Citizen Advisory Committee |
| <input type="checkbox"/> Citizen Budget Advisory Committees                         | <input type="checkbox"/> Library Advisory Board                                |
| <input type="checkbox"/> Citizen Involvement Committee                              | <input type="checkbox"/> Merit System Civil Services Council                   |
| <input type="checkbox"/> Commission on Children, Families & Community               | <input type="checkbox"/> Mt. Hood Cable Regulatory Commission                  |
| <input type="checkbox"/> Advocacy Team for Sexual Minority Youth                    | <input type="checkbox"/> Multnomah County Planning Commission                  |
| <input checked="" type="checkbox"/> Community Health Council                        | <input type="checkbox"/> Regional Arts & Culture Council                       |
| <input checked="" type="checkbox"/> Contract Compliance & Rate Regulation Committee |  |
| <input type="checkbox"/> Elders in Action Commission                                |  |

Please list employment and volunteer activities that may relate to your service on boards/commissions.

Dates (from/to)	Employment/Volunteer Activity
1/2006 - CURRENT	MULTNOMAH COUNTY, FISCAL COMPLIANCE UNIT SENIOR FISCAL COMPLIANCE SPECIALIST
8/1998 - 9/2000 and 9/2003 - 11/2004	GRANT THORNTON LLP & TALBOT, KORVOLO, WARWICK LLP SENIOR AUDITOR, CERTIFIED PUBLIC ACCOUNTANT
10/2000 - 9/2002	WILLAMETTE INDUSTRIES SENIOR CORPORATE ACCOUNTANT

**REFERENCES:** Please list two or three people who can be contacted as personal references.

Name	Address	Daytime Phone	Relationship
Von Summers	NW NATURAL 220 NW 2 <sup>ND</sup> , PDX OR 97209	503- 220-2348	PERSONAL FRIEND
Gary Homsley	GRANT THORNTON LLP 111 SW COLUMBIA, PDX OR 97201	503- 222-3562	FORMER CO-WORKER

### CONFIDENTIAL INFORMATION

The following information is confidential and optional. You are under no obligation to provide this information. This information will be used for statistical purposes, such as tracking the geographical diversity of board and commission appointees. By providing this information, you will help ensure the appointments represent a broad cross-section of our community.

Age: 47 Gender: Male ☒ Male ☒ Female ☐ Transgender

**Race:**

☐ African-American ☐ Asian ☒ Caucasian  
☐ Hispanic ☐ Native American ☐ Pacific Islander

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

Signature:  Date: 3/18/2010

**Please note that most appointees to Multnomah County Citizen Advisory Boards and Commissions are subject to approval by the Board of County Commissioners during a regular Board meeting.**

**Return this form to:**

Emergency Medical Services Administration  
Multnomah County Health Department  
426 SW Stark Street, 7th Floor  
Portland, OR 97204  
503-988-3220 • Fax 503-988-4017  
[www.mchealth.org/officer/ems/index.html](http://www.mchealth.org/officer/ems/index.html)