



Updated: June 2012

## MULTNOMAH COUNTY OREGON

### INTEREST FORM FOR CITIZEN ADVISORY BOARDS AND COMMISSIONS

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.

Please list in order of priority any Multnomah County Board or Commission on which you would be interested in serving: *Contract Compliance and Rate Regulation Committee*

Name: Shawn K Baird, EMT-P

Address (including ZIP): 1346 SE Tenino Street Portland OR 97202

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

Employer: Woodburn Ambulance Service, Inc

Are you employed in Multnomah County? No ☐

Occupation: Owner/Paramedic of 911 ambulance service serving north Marion County

E-Mail: shawnb@woodburnamb.com

#### Volunteer/Committee/Board Experience:

- Multnomah County EMS Contract Compliance Committee – Immediate Past Chair
- Oregon Public Health Advisory Board, Member
- Oregon State Ambulance Association, Board Member, Past president
- American Ambulance Association, Board of Directors
- NORCOM 911 Center, Board of Directors, Past Chair

Please list names, address and telephone numbers of two people who may be contacted as personal references:

Dr. Rod Calkins, PhD Marion County Health Administrator,  
3130 Center St NE Salem, OR 503-588-5357

Dr. Mel Kohn, Oregon Public Health Director,  
800 Oregon Street Portland OR 971-673-1300

List any potential conflicts of interests between private life and public service which might result from service on a Citizen Advisory Board or Commission:

None to my knowledge.

Affirmative Action Information (Optional)

Sex/Racial Ethnic Background: Male/White

Birth Date: 06/30/1966

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:

*mo for SKB*

Date: August 30, 2012

RETURN COMPLETED FORM TO: Emergency Medical Services  
Multnomah County Health Department  
426 SW Stark Street, 7<sup>th</sup> Floor  
Portland, Oregon 97204  
Contact: 503-988-3220  
FAX: 503-988-4017  
Email: mary.c.orr@multco.us