



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 7/7/11
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 7/7/11
Agenda Item #: C.1
Est. Start Time: 9:30 am

Agenda Title: **Multnomah County Environmental Health Food Service Advisory
Committee Membership: New member approval**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: 7/7/11 **Amount of Time Needed:** n/a
Department: Health **Division:** Environmental Health
Contact(s): Ben Duncan, Program Development Specialist Sr.
Phone: 503-988-3400 **Ext.** 22439
Presenter Name(s) & Title(s): Consent agenda

General Information

- 1. What action are you requesting from the Board?**
Approval for new members to Food Service Advisory Committee
- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
Multnomah County Environmental Health provides for the safety of public food consumption by inspecting licensed food establishments, including restaurants, mobile units and temporary events. The Food Service Advisory Committee serves to advise Multnomah County Environmental Health on changes to food codes, best practices in the industry, assess and monitor emerging issues, and provide guidance on policy decisions that impact the food industry.

3. Explain the fiscal impact (current year and ongoing).

There is no fiscal impact associated with this request.

4. Explain any legal and/or policy issues involved.

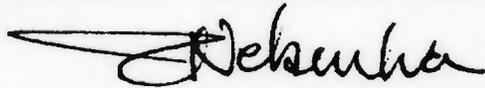
There is currently no legal or policy issues involved.

5. Explain any citizen and/or other government participation that has or will take place.

The Food Service Advisory Committee meets quarterly with Inspections supervisor and PDS Sr for Environmental Health.

Required Signature

**Elected Official or
Department/
Agency Director:**



Date: 6/28/11

Julie Neburka



MULTNOMAH COUNTY OREGON



Public Health
Protect. Promote. Prevent.

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: Kreeg Peoples

Home Address: 1513 SE 3rd Ave

City: Portland

State: OR

Zip: 97214

Home Phone: 503-926-1700

Email Address: Kreeg.potluckinthepark@gmail.com

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

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?

Vice-Chair Potluck In The Park board

C. Please list current and past volunteer activities:

Dates:	Name of Organization:	Responsibilities:
2/08 - 4/11	Hands On Portland	volunteer leader
10/06 - present	Potluck In The Park	vice chair (board), chair-development
2/08 - present	The Blanche House	evening meal service

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?

Yes [] No

E. Please provide personal or professional references:

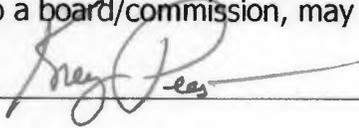
Former Mayor Vera Katz, City Commission Nick Fish,

J. Michael McLuckie, REHS (Multnomah City Health)

Sombra Forrest, RS (Multnomah City Health) Peggy Revler, Portlock In The Park - Advisory board

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: _____



Date: _____

4/22/11

RETURN COMPLETED FORM TO: Multnomah County Environmental Health Services
Attention: Ben Duncan, Program Development
Specialist Sr.
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Portland, OR 97202
benjamin.e.duncan@co.multnomah.or.us