



Health Department
MULTNOMAH COUNTY OREGON

Emergency Medical Services
426 SW Stark Street 7th Floor
Portland, Oregon 97204
(503) 988-3220 phone
(503) 988-4017 fax

To: Ruth Langlois
Executive Assistant to Chair Ted Wheeler

From: Bill Collins 
Emergency Medical Services Administrator, Health Department

Date: August 13, 2009

Subject: Recommendation to appoint EMS Contract Compliance and
Rate Regulation Committee members.

Please submit the following nominations for appointment to the EMS
Contract Compliance and Rate Regulation Committee:

Joyce Goitein – Health Care Administration

Mark Stephens – EMS provider not regulated by
Multnomah County

Sandra Franz - County Citizen

Attached are the citizen interest forms.

c: Lillian Shirley, RN, Health Department Director



Public Health
Prevent. Promote. Protect.



MULTNOMAH COUNTY OREGON

Citizen Advisory Boards & 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: Jaye Goitein

Address: 2535 SW Sunset Blvd

City: Portland State: OR Zip: 97239

Daytime Phone: 503-251-6355 Email Address: goitein@ah.org

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

Occupation: Nursing Director, Emergency Dept. & Emergency Management

Please check board/commission of interest:

- | | |
|---|--|
| <input type="checkbox"/> Affordable Housing Review Committee | <input checked="" 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 Service 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 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
Aug 1981 — Present	Adventist Medical Center

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-OVER-

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

Name	Address	Daytime Phone	Relationship
Carol Kusan	Portland, OR 97216 10123 SE Market St	503-251-6150	VP Nursing - in med. supervisor
Dwayne Fund	"	ext. 6065 503-251-6266	Peer @ work - Director of Security
Patrick Cosgrove	"	ext. 5686 503-251-6266	Peer @ work - Director of Psychiatry Behavioral Health

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 that appointments represent a broad cross-section of our community.

Age: _____ Gender: _____ 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 Jaye Lorkin Date 8-4-09

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, Oregon 97204
 503 988-3220 fax 503 988-4017
www.mchealth.org/officer/ems/index.html



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Name: Mark Stevens

Address: 20665 SW Blanton

City: Albina State: OR Zip: 97007

Daytime Phone: 503-887-0082 Email Address: Mark.Stevens@tvfr.com

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

Occupation: EMS Chief

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 Service 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
Sept. 1991 to Present	Tualatin Valley Fire + Rescue
2001 to Present	Clackamas County EMS Council

1983 to Present	Multiple EMS and Public Committees -OVER- in tri-County area
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REFERENCES: (Please list two or three people who can be contacted as personal references.)

Name	Address	Daytime Phone	Relationship
Bill Collins	EMS - Mult. Co. Health 426 SW Stark St 7th Fl	503-988-3220	EMS Director
Dustin Morrow	20665 SW Blanton Alsea, OR 97007	503-649-8577	Assistant Chief - Supervisor

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Age: 50

Gender: ☒ 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 7/29/09

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Name: SONORA J. FRANZ

Address: 3422 NE AINSWORTH

City: Portland State: OR Zip: 97211

Daytime Phone: 1-(503) 854-3198
503 288-3535 Email Address: FRANZRS@comcast.net

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

Occupation: Retired

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

Dates (from/to)	Employment/Volunteer Activity

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-OVER-

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

Name	Address	Daytime Phone	Relationship
Mary Beth Gorman	PSD	503 725 4423	PERSONAL CO-MODER

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Age: 63 **Gender:** 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 *Andrew J. Franz* **Date** 7/23/09

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