

Fill and send to: AdvisoryBodies@portlandoregon.gov

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisory Body Name: \_\_Civic Life Bureau Advisory Committee\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF STATUS AS PUBLIC OFFICIAL**

**SERVING ON AND ADVISORY BODY TO A PUBLIC BODY**

I have taken the Public Officials Ethics & Responsibilities training, as required for all advisory bodies.

I acknowledge that as member of this advisory body, I am a Public Official, and that the City of Portland expects me to behave fairly and ethically, as outlined in the training.

I will announce when I have a potential or actual Conflict of Interest, and I will work with the advisory body to adjust my participation to be ethical and accountable.

\_\_\_\_\_\_Civic Life\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Host Bureau Date Online Training Completed

Stanley Penkin 11.20.19

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***Volunteer Signature Today’s Date***

*(May type name should scanning be difficult)*

To receive training credit, fill and send to: AdvisoryBodies@portlandoregon.gov. This form will be scanned and kept as Public Record by the staff liaison to this advisory body, and the [Advisory Bodies Program](http://www.portlandoregon.gov/civic/volunteer).

**For Internal Use**

Reviewed & scanned by:

Date: