



Employment Application | Submitted: 25-Nov-2024

AAA

Mechelle Komraus



Jail Operating Citizens Advisory
Committee

Job Location - St Helens, OR
Department - Board of Commissioners

Admin Uploaded Files

There are no admin uploaded files for this applicant.

Documents

There are no documents for this applicant.

References

Please list two people who may be contacted as references who know about your interest and qualifications to serve in this volunteer capacity.

Note: If you are unable to provide a phone number, you will need to enter 000-000-0000. If you are unable to provide an email address, you will need to enter noreply@noemail.com

Tonya Case

Phone:

Email:

Patricia Brenneman Williams

Phone

Email:

Additional Questions

Applicant Information

Question	Answer	Disqualifier?
If selected, how do you prefer to receive documents? *	Email	
Are you a resident of Columbia County? *	Yes	
If no, please describe your affiliation with Columbia County.		
Please list all current and past volunteer activities. *	Last year I started a citizen work group with Sheriff Pixley to address the break in's, criminal and drug activity along Scappoose Vernonia Hwy. This resulted in clearing out a property where a large amount of homeless, had moved in and were living. During this time I also stepped in and met with these people and assisted many in finding alternate housing, medical care, etc.	
Please describe why you are interested in serving on this committee or commission. *	I live outside of Scappoose in a rural area, have seen first hand the frustrations of the community regarding homeless, crime and drug use particularly on Scappoose Vernonia Hwy, As a Registered Nurse I have been involved in helping some of these folks secure housing, medical care and housing. Now that I've been working in the jail as a Nurse I can see first hand some of the barriers for the inmates in receiving medical care while incarcerated as well as follow up after release. I believe with my background and experience I can offer a difference	

perspective as well as time to help. My belief is that it could be me or any of us tomorrow that makes a bad decision, ends up in jail and could use understanding and help from the community.

Availability - Meetings are held on a periodic basis. Are you able to commit to the frequency of the meeting schedule? *

Yes

Availability - What time schedule works best for you? *

Mornings, Afternoons, Weekdays, Weekends

Availability - What days work best for you? *

Mon, Tue, Wed, Thu, Fri, Sat, Sun

Please list potential conflicts of interest between your personal life and public services which might result from service on this committee or commission.

I currently work at Columbia County Jail as a Registered Nurse. I have resigned and my last day is January 4th. At this time I will be officially 'RETIRED' ! And there will no longer be a potential conflict. However, I am available to meet with and start work with the committee now.

Anything else you would like to add to your application which would assist in the decision making?

I have been a Registered Nurse for over 35 years, worked as a Case Manager in the hospital where on a daily basis I worked with folks with drug and alcohol dependency, homeless, etc. My job was to ensure when they discharged from the hospital they had a safe discharge plan, housing, medical follow up and funding for medications, etc. Currently I live in a rural home outside of Scappoose and am involved in our community, helping residents who are homeless, needing housing, medical care. Working at the jail for the last

five months has given me first hand experience of where we could improve, provide better medical care for the inmates and at less expense for the county. I believe with my background and current knowledge of CCSO jail I am in a unique position to advocate for both the county and inmates. I am also retiring as of January, will have time needed and plan to contribute to the community where I can now that I will have the time.

Applicant Statement

I declare that all statements and answers in this application are true and complete and agree that any untrue or misleading answer, omission, concealment or failure to answer any questions fully, completely and accurately may be grounds for ending my volunteer services, regardless of when it is discovered. By completing this application, I give the County the permission to validate some of my answers with the appropriate authorities/institutions.

I authorize the County or its agents to investigate my references and to keep and preserve records of such investigations. Additionally, I release all parties from liability for any damage that may result from furnishing information to the County or its agents.

By submitting this application form, I acknowledge the following: I hereby volunteer my services to assist Columbia County in the accomplishment of its authorized services. I understand that my services as a volunteer will be governed by the Volunteer Services Agreement which will be provided to me.

I agree to the above.

Signature: Mechelle Komraus

Date: 2024-11-25 01:59:33pm

IP Address: 98.97.32.169

Wet Signature:



Signature

Date