



## Supplemental Membership Application

Please attach to and submit with Clackamas County Volunteer Boards and Commissions Application Form.

Name & Title: \_\_\_\_\_

Employer / Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Industry: \_\_\_\_\_

Years in Clackamas County: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

- *What do you think are the critical workforce issues for Clackamas County?*

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- *Are there any issues or opportunities that you would like to see addressed by the Workforce Investment Council?*

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