



APPLICANT INFORMATION

Name: _____ Date: _____

Business/Employer/Labor Organization/CBO: _____ No. of Employees: _____

Website: _____

Address: _____

Your Occupation/Title: _____

Work Telephone: _____ Email: _____

Cell Telephone: _____

CHOOSE FROM ONE OF THE FOLLOWING FIVE GROUPS YOU WILL REPRESENT

1. BUSINESS REPRESENTATIVE

I am an owner, executive, or operating officer in my business [] Yes [] No

I have optimal decision-making or hiring authority in my business [] Yes [] No

My business is part of the _____ industry sector.

I have been nominated to serve on the CWP Workforce Board by:
_____, a local business
organization or business trade association.

2. LABOR REPRESENTATIVE

I represent _____, a labor organization, and have
been nominated to serve on the CWP Workforce Board by: _____.

**3. WIOA TITLE II - Adult Education & Literacy / HIGHER EDUCATION REPRESENTATIVE
(Circle One)**

I represent _____, and have been nominated to
serve on the CWP Workforce Board by: _____.

**4. ECONOMIC DEVELOPMENT/WAGNER PEYSER/VOC REHABILITATION REPRESENTATIVE
(Circle One)**

I represent _____, and I have been nominated to
serve on the CWP Workforce Board by: _____.

5. COMMUNITY-BASED ORGANIZATION REPRESENTATIVE

I represent _____, a community organization, and I have been nominated to serve on the CWP Workforce Board by: _____.

- The organization addresses needs of individuals with barriers to employment [] Yes [] No
- The organization serves veterans or individuals with disabilities [] Yes [] No
- The organization involves the training or education of youth or adults [] Yes [] No
- The organization relates to transportation, housing, or public assistance [] Yes [] No
- This is a philanthropic organization [] Yes [] No
- (Other) The organization involves _____.

LIST ANY PROFESSIONAL OR OTHER ASSOCIATIONS OF WHICH YOU ARE A MEMBER

REASONS FOR APPYLYING:

Signature: _____

Please complete and return the following Board application materials:

- Clackamas Workforce Partnership Board Membership Application
- Clackamas County ABC Application Form
- Letter of Recommendation (if applicable)
- Resume

Please return completed application materials to: Amy Oakley at amy.oakley@clackamasworkforce.org

Or mail your application to:

**Clackamas Workforce Partnership
365 Warner Milne Rd, Suite 202
Oregon City, OR 97045
Phone: (503) 657-6644**