

Hillsboro 2020 Vision Lead Partner Volunteer Request Form

Organization Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Mailing Address (*if different*): _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

Please provide information about the opportunity below

1) Title of Volunteer Opportunity: _____

Description of Volunteer opportunity:

Vision Strategy/Action: _____

Number of volunteer opportunities available: _____

2) Title of Volunteer Opportunity: _____

Description of Volunteer opportunity:

Vision Strategy/Action: _____

Number of volunteer opportunities available: _____

Please return to the Hillsboro Chamber of Commerce at:

334 SE 5th Ave
Hillsboro, Oregon 97123
Fax: (503) 681-0535