



Volunteer Form

Name: _____ Phone Number: _____

Address: _____

Email: _____

Areas of Interest or Expertise:

Is there a particular action or actions for which you would like to volunteer?

Is there a specific community lead partner organization for which you would like to volunteer?

Please return to the Hillsboro Chamber of Commerce at:

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