



Internal Audit Oversight Committee Application Form

Thank you for your willingness to serve Clackamas County. We appreciate your interest.

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|----------------------------------|------------------------|--------------------------|--------------------------|
| <hr/> | | <hr/> | |
| Name | | Occupation | |
| <hr/> | | <hr/> | |
| Home address (street, city, zip) | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Incorporated | Unincorporated |
| <hr/> | | <hr/> | |
| Employer | | Position | |
| <hr/> | | <hr/> | |
| <hr/> | <hr/> | <hr/> | |
| Daytime phone number | Nighttime phone number | Email | |
| <hr/> | | <hr/> | |
| Referred by (if anyone) | | Today's date | |

What are your community interests (committees, organizations, activities)?

What experience or educational background might be significant to the Internal Audit Oversight Committee?

What are the reasons for your interest in the Internal Audit Oversight Committee?

List other county boards or commissions on which you serve or have served.

Ways to submit your application:

- **Email** completed application and attachments to ocia@clackamas.us Subject line: "INTERNAL AUDIT OVERSIGHT COMMITTEE APPLICATION"
- **Return** to Office of County Internal Audit (OCIA), Public Services Building, 2051 Kaen Road, #460, Oregon City, OR 97045 (Phone: 503-742-5983)