

I NOMINATION FORM

1-Name (First, MI, Last)		2-LWDA #		3-Date	
4-Street Address			13-Nominee Characteristics		
5-City		6-County		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
7-State Virginia		8-ZIP		Race:	
9-Home Phone (include area code)		10-Work Phone (include area code)		White <input type="checkbox"/> Black <input type="checkbox"/>	
11-FAX		12-E-Mail		Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWDA Name			14-Recommended for (see section number)		
16-Labor/ CBO/ Apprenticeship Representative			16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>		
Title _____ Labor <input type="checkbox"/> CBO <input type="checkbox"/> Organization Registered Apprenticeship <input type="checkbox"/>			17-Private Sector (Business) <input type="checkbox"/>		
17-Private Sector (Business) Representative			18-Education <input type="checkbox"/>		
Title _____ Business _____ Type of Business _____			19-VEC <input type="checkbox"/>		
18-Education Representative			20-Economic Development <input type="checkbox"/>		
Title _____ Institution _____ Title II <input type="checkbox"/> Community College <input type="checkbox"/> Career & Technical Education <input type="checkbox"/>			21-VDARS/VDBVI <input type="checkbox"/>		
20-Economic Development Representative			22-DSS <input type="checkbox"/>		
Title _____			23-Optional/Other <input type="checkbox"/>		
24-Nominator			17-Private Sector (Business) Representative		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>			Title _____ Minority-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____		
Signature _____ Date _____			19-VEC Representative		
Printed/Typed Name & Title of Nominator _____			Title _____		
Nominator Organization _____			21-VDARS/VDBVI Representative		
Phone _____ FAX _____			Title _____		
Email _____			22-DSS Representative		
			Title _____		
			23-Optional/ Other Representative		
			Title _____		
			Agency _____		
			25-Action by Chief Elected Official		
			Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.		
			Term of Appointment: From _____ To _____		
			Signature of Chief Elected Official _____ Date _____		