

NOMINATION FORM

1-Name (<i>First, MI, Last</i>)		2-LWDA #	3-Date
4-Street Address		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Race: (more than one may be checked) White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian or Native Alaskan <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5-City	6-County		
7-State Virginia	8-ZIP	14-Recommended for (<i>see section number</i>) 16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17-Private Sector (Business) <input type="checkbox"/> 18-Education <input type="checkbox"/> 19-VEC <input type="checkbox"/> 20-Economic Development <input type="checkbox"/> 21-VDARS/VDBVI <input type="checkbox"/> 22-DSS <input type="checkbox"/> 23-Optional/Other <input type="checkbox"/>	
9-Home Phone (<i>include area code</i>)	10-Work Phone (<i>include area code</i>)		
11-FAX	12-E-Mail	17-Private Sector (Business) Representative Yes No Minority-Owned Business <input type="checkbox"/> <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____	
15-LWDA Name			
16-Labor/ CBO/ Apprenticeship Representative		18-Education Representative Title _____ Institution _____ Title II <input type="checkbox"/> Community College <input type="checkbox"/> CIE <input type="checkbox"/>	
<i>Title</i> _____ <i>Organization</i> _____ Labor <input type="checkbox"/> CBO <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/>			
18-Education Representative		19-VEC Representative	
20-Economic Development Representative		21-VDARS/VDBVI Representative	
24-Nominator		22-DSS Representative	
<p><i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i></p> <hr/> <i>Signature</i> _____ <i>Date</i> _____ <hr/> <i>Printed/Typed Name & Title of Nominator</i> _____ <hr/> <i>Nominator Organization</i> _____ <hr/> <i>Phone</i> _____ <i>FAX</i> _____ <hr/> <i>Email</i> _____		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 20-02 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 _____	
		_____ <i>Signature of Chief Elected Official</i> <i>Date</i>	