

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"/> Other <input type="checkbox"/>	
7-State Virginia	8-ZIP	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"/>	
9-Home Phone (include area code)	10-Work Phone (include area code)	Ethnicity: Hispanic, Latino, or Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11-FAX	12-E-Mail	14-Recommended for (see section number)	
15-LWDA Name		16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
16-Labor/ CBO/ Apprenticeship Representative		17-Private Sector (Business) <input type="checkbox"/>	
Title _____ Organization _____		18-Education <input type="checkbox"/>	
Labor <input type="checkbox"/> CBO <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/>		19-VEC <input type="checkbox"/>	
17-Private Sector (Business) Representative		20-Economic Development <input type="checkbox"/>	
Title _____		21-VDARS/VDBVI <input type="checkbox"/>	
Business _____		22-DSS <input type="checkbox"/>	
Type of Business _____		23-Optional/Other <input type="checkbox"/>	
18-Education Representative		19-VEC Representative	
Title _____		Title _____	
Institution _____			
Title II <input type="checkbox"/> Community College <input type="checkbox"/> CIE <input type="checkbox"/>			
20-Economic Development Representative		21-VDARS/VDBVI Representative	
Title _____		Title _____	
		22-DSS Representative	
		Title _____	
24-Nominator		23-Optional/ Other Representative	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		Title _____	
Signature _____ Date _____		Agency _____	
Printed/Typed Name & Title of Nominator _____		25-Action by Chief Elected Official	
Nominator Organization _____		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.	
Phone _____ FAX _____		Term of Appointment: From _____ To _____	
Email _____		Signature of Chief Elected Official _____ Date _____	