



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			Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>		
16-Labor/ CBO/ Apprenticeship Representative			Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>		
Title Labor <input type="checkbox"/>		CBO <input type="checkbox"/>		14-Recommended for (see section number)	
Organization Registered Apprenticeship <input type="checkbox"/>				16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
17-Private Sector (Business) Representative			17-Private Sector (Business) <input type="checkbox"/>		
Title _____		Minority-Owned Business		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business _____		Female-Owned Business		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Business _____		Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>		18-Education	
18-Education Representative			19-VEC Representative		
Title _____		Title _____			
Institution _____					
Title II <input type="checkbox"/> Community College <input type="checkbox"/> Career & Technical Education <input type="checkbox"/>					
20-Economic Development Representative			21-VDARS/VDBVI Representative		
Title _____			Title _____		
24-Nominator			22-DSS Representative		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>			Title _____		
Signature _____ Date _____			23-Optional/ Other Representative		
Printed/Typed Name & Title of Nominator _____			Title _____		
Nominator Organization _____			Agency _____		
Phone _____ FAX _____			25-Action by Chief Elected Official		
Email _____			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 _____