NOMINATION FORM

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