NOMINATION FORM

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| --- | --- | --- | --- | --- | --- |
| **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 No  Minority-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* | | |