



# NOMINATION FORM

Local Workforce Development Board



1-Name (First, MI, Last)		2-Local Workforce Development Area (LWDA)# 15	3-Date
4-Street Address		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Race: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City	6-County		14-Recommended for (see section # 107) 16-Community-Based Organization (CBO) <input type="checkbox"/> 17-Private Sector (Business) <input type="checkbox"/> 18-Education <input type="checkbox"/> 19-Economic Development <input type="checkbox"/> 20-Organized Labor <input type="checkbox"/> 21-State Employment Service <input type="checkbox"/> 22-Other <input type="checkbox"/>
7-State Virginia	8-ZIP		
9-Home Phone (include area code)		10-Work Phone (include area code)	
11-FAX		12- E-Mail	
15-LWDA Name Crater Regional Workforce Development Board			
16-CBO Representative _____ Title _____ Organization _____			
17-Private Sector (Business) Representative Title _____ Business _____ Type of Business _____		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 _____	
18-Education Representative Title _____ Institution _____ Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>		20-Organized Labor Representative (Please specify local labor council or building and trades council of affiliation) _____	
19-Economic Development Representative Title _____		21-State Employment Service Office Title _____ Partner/Entity _____	
23-Nominator <i>I hereby recommend the above named person for membership on the Local Workforce Development Board for LWDA# 15.</i> _____ Signature _____ Date _____ _____ Printed/Typed Name & Title of Nominator _____ Nominator Organization _____ Phone _____ FAX _____ _____ E-Mail _____		22-Other Representative Title _____ Agency _____	
		24-Action by Chief Local Elected Official Subject to certification required by Public Law 113-128 Section 107 of the Workforce Innovation and Opportunity Act, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials of LWDA # 15 Term of Appointment: FROM _____ TO _____ _____ Signature of Chief Local Elected Official _____ Date _____	