

**Commonwealth of Virginia
Workforce Investment Act**



**NOMINATION FORM B
Local Youth Council**

1-Name (<i>First, MI, Last</i>)		2-LWIA Board Name	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		
7-State	8-ZIP		
9-Home Phone (<i>include area code</i>)	10-Work Phone (<i>include area code</i>)		
11-FAX	12-E-Mail		
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title _____ Organization/Business _____ Type of Business _____		14-Recommended for (<i>see section number</i>) 15-Board Member/Expertise/Interest <input type="checkbox"/> 16-Youth Service Agency <input type="checkbox"/> 17-Housing Authority/Tenant Org. <input type="checkbox"/> 18-Parent (of eligible youth) <input type="checkbox"/> 19-Former Youth Participant/Org. w/Exp. <input type="checkbox"/> 20-Job Corps, as appropriate to area <input type="checkbox"/> 21-Optional <input type="checkbox"/>	
16-Youth Service Agency Representative <i>(including juvenile justice/law enforcement)</i> Nominee's Title _____ Youth Organization _____		17-Local Housing Authority or Tenant Organization Representative Nominee's Title _____ Youth Organization _____	
18-Parent of Eligible Title I WIA Youth Representative _____ <p align="center">Name of Eligible Youth</p>		19-Former Youth Participant or Organization with Youth Services Experience Representative Title _____ Organization _____ Type of Business _____	
20-Job Corps Representative Title _____ Organization _____ _____ <p align="center">Office Location Serving the LWIA</p>		21-Optional Representative Nominee's Title _____ Youth Organization _____	
23-Nominator <i>I hereby recommend the above-named person for membership on the Local Workforce Investment Board for LWIA #_____.</i> _____ <p align="center"><i>Signature</i> <i>Date</i></p> _____ <p align="center"><i>Printed/Typed Name & Title of Nominator</i></p> _____ <p align="center"><i>Nominator Organization</i></p> _____ <p align="center"><i>Phone</i> <i>FAX</i></p> _____ <p align="center"><i>E-Mail</i></p>			