

Workforce Innovation and Opportunity Act



Bay Consortium Workforce
Development Board, Inc.

NOMINATION FORM Local Youth Council

1-Name (<i>First, MI, Last</i>)		2-LWIA Board Name		3-Date	
4-Street Address			13-Nominee Characteristics		
5-City		6-County		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"/>	
7-State		8-ZIP		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"/>	
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 _____	
16-Youth Service Agency Representative <i>(including juvenile justice/law enforcement)</i>		17-Local Housing Authority or Tenant Organization Representative			
Nominee's Title _____ Youth Organization _____		Nominee's Title _____ Youth Organization _____			
18-Parent of Eligible Title I WIA Youth Representative		19-Former Youth Participant or Organization with Youth Services Experience Representative			
_____ Name of Eligible Youth		Title _____ Organization _____ Type of Business _____			
20-Job Corps Representative		21-Optional Representative			
Title _____ Organization _____ _____ Office Location Serving the LWIA		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>					
_____			_____		
<i>Signature</i>			<i>Date</i>		

<i>Printed/Typed Name & Title of Nominator</i>					

<i>Nominator Organization</i>					

<i>Phone</i>			<i>FAX</i>		
_____			_____		
<i>E-Mail</i>					
