



# Application for Appointment to the Shenandoah Valley Workforce Development Board

## **Nomination Requirements**

Business members may be nominated by a Chamber of Commerce within the region, a local or regional economic development office or agency, another business organization or association, or by a business. Nominations may come from one of these entities on behalf of an individual nominee or directly from the nominee.

Under the federal Workforce Innovation and Opportunity Act eligibility requirements for workforce development board business membership, business members can only be considered from among nominees who are:

- The owner, chief executive or operating officer with optimum policymaking or hiring authority. This may include department heads, division directors, or similarly situated positions;
- From a business that provides employment opportunities that, at a minimum, include high-quality, work relevant training and development in in-demand industry sectors or occupations in the local area; and
- From a business, that represents in-demand industry sectors or occupations in the region.

Business member representation shall include small and large businesses as defined by the U.S. Small Business Administration.

If you are interested in serving on the Shenandoah Valley Workforce Development Board or nominating someone to serve on the Shenandoah Valley Workforce Development Board, please print and complete this nomination assessment form. Return the signed form to: *Sharon Johnson, CEO, SVWDB, sjohnson@vcwvalley.com* or mail to *SVWDB, c/o Sharon Johnson, 1076 Jefferson Highway, Staunton, VA 24401. The form may also be submitted to the local economic development office.* 

This application will be forwarded on your behalf to the Chief Local Elected Officials for their consideration and final approval. Thank you for your interest in contributing to workforce development in the Shenandoah Valley.

| Nominee Information                  | Check one:      | Term Renewal         | New Board Term                    |
|--------------------------------------|-----------------|----------------------|-----------------------------------|
| Name of Business Person being nomina | ted:            |                      |                                   |
| Address:                             |                 |                      |                                   |
| (Address/City/State/Zip Cod          |                 |                      |                                   |
| Home Phone:                          | Bu              | siness Phone:        |                                   |
| Email Address:                       |                 |                      |                                   |
| Nominee Characteristics              |                 |                      |                                   |
| Gender (check one): Male Female      | Other           |                      |                                   |
| Race: (more than one may be checked) | White B         | lack Asian           | American Indian or Native Alaskan |
| Native Hawaiian or Pacific Islander  | Ethnicity: Hisp | anic, Latino, or Spa | nish origin? Yes No               |

| Nominee Company Information                                                           |                                                   |
|---------------------------------------------------------------------------------------|---------------------------------------------------|
| Name of Company:                                                                      |                                                   |
| Title of Nominee:                                                                     |                                                   |
| Type of Business:                                                                     |                                                   |
| (i.e. manufacturing, healthcare, transportation and logistics, const                  | ruction, etc.)                                    |
| Minority Owned: Yes No Female Owned: Yes No                                           |                                                   |
| Characteristics of Business Location (check one) : Urban Suburban                     | Rural                                             |
| Number of employees at Nominee Company:                                               |                                                   |
| Nominator Information                                                                 |                                                   |
| Nominator Name and Title:                                                             |                                                   |
| Business affiliation of Nominator:                                                    |                                                   |
| (i.e. Chamber of Commerce, local or regional economic development office or agency, a | a business organization/association, or business) |
| Nominator contact:                                                                    |                                                   |
| email address                                                                         | phone number                                      |
| Nominator Signature:                                                                  | Date                                              |

### Questions

If you have questions about Shenandoah Valley Workforce Development Board membership or the nomination process, email Sharon Johnson, CEO, SVWDB, sjohnson@vcwvalley.com or call 540-442-7134, extension 110.

For additional information about the Shenandoah Valley Workforce Development Board and Virginia Career Works – Shenandoah Valley Region visit <u>www.vcwvalley.com</u>.

### CHIEF ELECTED OFFICIAL APPROVAL

This nomination for membership in the Shenandoah Valley Workforce Development Board has been reviewed and approved

| by         |                                     |          |  |
|------------|-------------------------------------|----------|--|
|            | Chief Elected Official (Print Name) | Locality |  |
| Signature: |                                     | Date:    |  |
|            |                                     |          |  |

#### Equal Opportunity Employer/Program

#### Auxiliary aids and services are available upon request to individuals with disabilities

#### TDD: VA Relay Center: 711 or 800.828.1120

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This workforce product was created using 100% of federal U. S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act (WIOA) award of \$1,460,148 (#AA-33260-19-55-A-51) made to Page County on behalf of the Shenandoah Valley Workforce Development Area by the pass-through entity, the Virginia Community College System. No costs of this product were financed by nongovernmental sources. The information contained herein does not necessarily reflect the official position of the U.S. Dept. of Labor.