

## FAX Cover

**To:** WDB Executive Committee

**From:** Doloris E. Vest

**Date:** September 20, 2006

**RE:** Youth Council Nominations

---

The following community members have been nominated for appointment to the Western Virginia Workforce Development Board Youth Council as provided for in the Workforce Investment Act of 1998.

I recommend the following individuals for appointment to the Youth Council.

- **Cindy Goldstein**, Transitional Coordinator, Roanoke City Schools.  
Nominated by Wanda Anthony, Goodwill Industries of the Valleys
- **Barbara Humphries**, Transitional Coordinator, Franklin County Schools System  
Nominated by Wanda Anthony, Goodwill Industries of the Valleys
- **Lisa Meek**, Outreach and Admissions Counselor, Blue Ridge Job Corps Center, Marion  
Nominated by Gary Tickles, Blue Ridge Job Corp

The nominees further enhance representation of youth-related programs as required under the Workforce Investment Act and the Franklin County area.

# Form B

Commonwealth of Virginia  
Virginia Employment Commission  
**Workforce Investment Act**



## NOMINATION FORM



Local Youth Council

(Form 2)

1-Name (First, MI, Last) <b>Cindy Goldstein</b>		2-Local Workforce Investment Area (LWIA) Board Name	3-Date
4-Street Address <b>2408 Berkeley Ave SW</b>		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 <b>Rhe</b>	6-County	14-Recommended for (see section number)	
7-State <b>VA</b>	8-ZIP <b>24015</b>	15-Board Member/Expertise/Experience <input type="checkbox"/>	
9-Home Phone (include area code) <b>540-</b>	10-Work Phone (include area code) <b>540-853-6224</b>	16-Youth Service Agency <input checked="" type="checkbox"/>	
11-FAX <b>540-563-1984</b>	12-E-Mail <b>cgoldstein@roanoke.k12.va.us</b>	17-Housing Authority/Tenant Org. <input type="checkbox"/>	
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title _____ Organization/Business _____ Type of Business _____		18-Parent (of eligible youth) <input type="checkbox"/>	
16-Youth Service Agency Representative (including juvenile justice/law enforcement) Nominee's Title <b>Transitional Coordinator</b> Youth Organization <b>Roanoke City Schools</b>		19-Former Youth Participant or Organization with Youth Services Experience Representative Title _____ Organization _____ Nature of Business _____	
18-Parent of Eligible Title I WIA Youth Representative Name of Eligible Youth _____		20-Job Corps Representative Title _____ Organization _____ Office Location Serving the LWIA _____	
20-Job Corps Representative Title _____ Organization _____ Office Location Serving the LWIA _____		21-Optional Representative Nominee's Title _____ Youth Organization _____	
22-Nominator I hereby recommend the above named person for membership on the Local Youth Council for the Local Workforce Investment Board in Local Workforce Investment Area # <b>3</b> <b>Wanda Anthony</b> Signature _____ Date _____ Printed/Typed Name & Title of Nominator <b>Wanda Anthony - Youth Coordinator/Adult Case Manager</b> Nominator Organization <b>Goodwill Industries - WDC</b> <b>540-986-1224 ext. 3029</b> <b>540-986-1932</b> Phone _____ FAX _____ <b>wanthony@workforce-development.org</b> E-Mail _____			

# Form B

Commonwealth of Virginia  
Virginia Employment Commission  
**Workforce Investment Act**



## NOMINATION FORM



Local Youth Council

1-Name (First, MI, Last) <u>Barbara C. Humphreys</u>		2-Local Workforce Investment Area (LWIA) Board Name	3-Date
4-Street Address <u>5881 Old Mountain Rd.</u>		13-Nominee Characteristics	
5-City <u>Roanoke</u>	6-County <u>Roanoke</u>	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
7-State <u>VA</u>	8-ZIP <u>24019</u>	Race: White <input checked="" 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"/>	
9-Home Phone (include area code) <u>540-563-4647</u>	10-Work Phone (include area code) <u>540-483-0320</u>	14-Recommended for (see section number)	
11-FAX <u>540-483-4204</u>	12-E-Mail <u>Barbara.Humphreys@k12.va.us</u>	15-Board Member/Expertise/Experience <input type="checkbox"/>	
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title _____ Organization/Business _____ Type of Business _____		16-Youth Service Agency <input checked="" 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 (including juvenile justice/law enforcement) Nominee's Title <u>Transitional Coordinator</u> Youth Organization <u>Franklin County School System</u>		17-Local Housing Authority or Tenant Organization Representative Nominee's Title _____ Youth Organization _____	
18-Parent of Eligible Title I WIA Youth Representative _____ Name of Eligible Youth		19-Former Youth Participant or Organization with Youth Services Experience Representative Title _____ Organization _____ Nature of Business _____	
20-Job Corps Representative Title _____ Organization _____ Office Location Serving the LWIA _____		21-Optional Representative Nominee's Title _____ Youth Organization _____	
22-Nominator I hereby recommend the above named person for membership on the Local Youth Council for the Local Workforce Investment Board in Local Workforce Investment Area # <u>3</u> <u>Wanda G. Anthony</u> Signature _____ Date _____ <u>Wanda G. Anthony - Youth Coordinator - WOC</u> Printed/Typed Name & Title of Nominator <u>Goodwill Industries / WOC</u> Nominator Organization <u>540-986-1224 ext. 3029</u> <u>540-986-1932</u> Phone FAX <u>wanthony@workforce-development.org</u> E-Mail			

# Form B

Commonwealth of Virginia  
Virginia Employment Commission  
Workforce Investment Act



## NOMINATION FORM



Local Youth Council

1-Name (First, MI, Last) Lisa C. Meek		2-Local Workforce Investment Area (LWIA) Board Name Western Virginia Workforce Development Board		3-Date 10/02/06	
4-Street Address 245 West Main Street				13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input checked="" 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 Marion		6-County Smyth		14-Recommended for (see section number)	
7-State VA		8-ZIP 24354		15-Board Member/Expertise/Experience <input type="checkbox"/>	
9-Home Phone (include area code) 276-759-6293		10-Work Phone (include area code) 276-783-7221 ext 249		16-Youth Service Agency <input type="checkbox"/>	
11-FAX 276-783-9786		12-E-Mail lmeek@hotmail.com		17-Housing Authority/Tenant Org. <input type="checkbox"/>	
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title _____ Organization/Business _____ Type of Business _____				18-Parent (of eligible youth) <input type="checkbox"/>	
16-Youth Service Agency Representative (including juvenile justice/law enforcement) 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 _____ Name of Eligible Youth			19-Former Youth Participant or Organization with Youth Services Experience Representative Title _____ Organization _____ Nature of Business _____		
20-Job Corps Representative Title <u>Outreach &amp; Admissions Counselor</u> Organization <u>Job Corps-DOI</u> Office Location Serving the LWIA <u>Blue Ridge Job Corps Center, Marion, VA</u>			21-Optional Representative Nominee's Title _____ Youth Organization _____		
22-Nominator I hereby recommend the above named person for membership on the Local Youth Council for the Local Workforce Investment Board in Local Workforce Investment Area # _____ <u>Gary Tickles</u> <u>10/3/06</u> Signature Date <u>GARY TICKLES - CENTER DIRECTOR</u> Printed/typed Name & Title of Nominator <u>Blue Ridge Job Corps</u> Nominator Organization <u>276-723-9221</u> <u>276-783-1251</u> Phone FAX <u>tickles.gary@jobcorps.org</u> E-Mail					