

Form B

Commonwealth of Virginia
Virginia Employment Commission
Workforce Investment Act

NOMINATION FORM

Local Youth Council



1-Name (First, MI, Last) Kimberley A Moore		2-Local Workforce Investment Area (LWIA) Board Name Western VA Workforce Development Board		3-Date 4/24/07	
4-Street Address 70 Wray St		5-City Rocky Mount		6-County Franklin	
7-State VA		8-ZIP 24151		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"/>	
9-Home Phone (include area code) (540) 890-4611		10-Work Phone (include area code) (540) 483-0179		14-Recommended for (see section number)	
11-FAX (540) 483-1297		12- E-Mail kimberley.moore@drs.virginia.gov		15-Board Member/Expertise/Experience <input checked="" 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"/>	
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title <u>Disability Program Navigator</u> Organization/Business <u>DRS</u> Type of Business <u>State employment</u>		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 _____ 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 Anthony</u> <u>5/1/07</u> Signature Date <u>Wanda Anthony - Senior Youth Case Manager/Adult Case Manager</u> Printed/Typed Name & Title of Nominator <u>Goodwill Industries - W.T.A. - Workforce Development</u> Nominator Organization <u>540-483-0179 17</u> <u>483-1297</u> Phone FAX <u>Wanthony@workforce-development.org</u> E-Mail			