



Commonwealth of Virginia
Workforce Investment Act

NOMINATION FORM B
Local Youth Council

1-Name (First, MI, Last) Jill N. Barnett		2-LWIA Board Name Western VA WDB	3-Date 05/18/2010
4-Street Address 110 Rosedale Avenue, Suite B		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 Covington	6-County Alleghany	14-Recommended for (see section number) 15-Board Member/Expertise/Interest <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"/>	
7-State VA	8-ZIP 24426		
9-Home Phone (include area code) (540) 747-4242	10-Work Phone (include area code) (540) 965-1780 ext. 245		
11-FAX (540) 965-1787	12-E-Mail jill.barnett@dss.virginia.gov		
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title <u>CPS III - Interim Supervisor</u> Organization/Business <u>Alleghany/Covington DSS</u> Type of Business <u>Public Welfare</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 _____ Type of Business _____	
20-Job Corps Representative Title _____ Organization _____ Office Location Serving the LWIA _____		21-Optional Representative Nominee's Title _____ Youth Organization _____	
23-Nominator I hereby recommend the above-named person for membership on the Local Workforce Investment Board for LWIA # _____ <u>Harriet W. Woodward</u> Signature _____ Date _____ Harriet W. Woodward, Social Work Supervisor/Youth Council Member Printed/Typed Name & Title of Nominator Alleghany/Covington Department of Social Services Nominator Organization (540) 965-1780 ext. 243 Phone _____ FAX _____ harriet.woodward@dss.virginia.gov E-Mail _____ (540) 965-1787			

Policy 99-2 rev. January 2009 of YEC

Form B

Commonwealth of Virginia
Virginia Employment Commission
Workforce Investment Act



NOMINATION FORM



Local Youth Council

1-Name (First, MI, Last) <u>Dee N. Lupiya</u>		2-Local Workforce Investment Area (LWIA) Board Name <u>Western Virginia Workforce Board Area III</u>	3-Date <u>05/13/2010</u>
4-Street Address <u>406 Luck Ave</u>		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input checked="" type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City <u>Roanoke</u>	6-County <u>USA</u>	14-Recommended for (see section number) 15-Board Member/Expertise/Experience <input checked="" type="checkbox"/> 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"/>	
7-State <u>VA</u>	8-ZIP <u>24016</u>		
9-Home Phone (include area code) <u>540-892-7738</u>	10-Work Phone (include area code) <u>540-345-2495</u>		
11-FAX <u>540-345-5324</u>	12-E-Mail <u>deal@acts2ministry.org</u>		
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title _____ Organization/Business _____ Type of Business _____			
16-Youth Service Agency Representative (including juvenile justice/law enforcement) Nominee's Title <u>Executive Director</u> Youth Organization <u>Acts2 Ministries</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>[Signature]</u> <u>05/13/2010</u> Signature Date <u>Keith Robinson</u> Printed/Typed Name & Title of Nominator <u>Goodwill Industries of the Valleys, GoodGuides Youth Mentoring Program</u> Nominator Organization <u>540-529-4871</u> <u>540-581-0628</u> Phone FAX <u>krobinson@goodwillvalleys.com</u> E-Mail			