
FAX Cover

To: CLEO Consortium
From: Doloris E. Vest, President
Western Virginia workforce Development Board
Date: 9/19/2005
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.

On behalf of the board of directors and the council, I ask you consideration the following for membership.

Michele Wells, Youth Counselor, Department of Rehabilitative Services
Nominated by Toni Hamilton, Director Department of Rehabilitative Services

Wanda Anthony, Youth Case Manager, Goodwill Industries of the Valleys, Nominated by Linda Matthews, Vice President, Workforce Development Services, Goodwill Industries of the Valleys

Laura Elliott, Educational Marketing Manager, Junior Achievement of Southwest Virginia.

Current Members of the Youth Council are:

Paul Paradzinski, Chair, Craig County

Jeri Barnes - Old Dominion Job Corps Center, Monroe

Jodylee Edsall - Roanoke County Schools, Salem

Wayne Flippen, - General Manager, John C. Nordt, Roanoke

Rebecca Johnson - Communication Coordinator, MeadWestvaco, Covington, VA

Ron Jones - Program Manager, TAP Youth Programs, Roanoke

Russ Merritt - Executive Director, Franklin County YMCA, Rocky Mount

Jennifer Unroe - Extension Agent, 4-H Youth Development, Low Moor

Marion Vaughn-Howard - Program Manager, Department of Park and Recreation Youth Services
Division, Roanoke

Harriet Woodward - Case Work Supervisor, Alleghany/Covington Department of Social Services,
Covington

Bill Zimmerman - Diversion Program, Clifton Forge

Note: Unlike the Workforce Investment Board of Directors under WIA, Youth Council membership is not subject to restricted by geographic or organizational representation requirements.

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Form B

Commonwealth of Virginia
Virginia Employment Commission
Workforce Investment Act

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NOMINATION FORM

Local Youth Council



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8-16-05 ✓

1-Name (First, MI, Last) <u>Michele Wells</u>		2-Local Workforce Investment Area (LWIA) Board Name <u>Western Virginia WDB Area III</u>	3-Date <u>7/29/05</u>
4-Street Address <u>3433 Brambleton Ave., S.W.</u>		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 <u>VA</u>	6-County <u>Roanoke</u>	14-Recommended for (see section number)	
7-State <u>VA</u>	8-ZIP <u>VA</u>	15-Board Member/Expertise/Experience <input checked="" type="checkbox"/>	
9-Home Phone (include area code)	10-Work Phone (Include area code) <u>540-776-2715</u>	16-Youth Service Agency <input type="checkbox"/>	
11-FAX <u>540-776-2722</u>	12-E-Mail <u>michele.wells@drs.virginia.gov</u>	17-Housing Authority/Tenant Org. <input type="checkbox"/>	
15-Local Board Member/Youth Expertise or Interest Representative Nominee's Title <u>Vocational Rehabilitation Counselor-Youth</u>		18-Parent (of eligible youth) <input type="checkbox"/>	
Organization/Business <u>VA Department of Rehabilitative Services</u>		19-Former Youth Participant/Org. w/Exp. <input type="checkbox"/>	
Type of Business <u>State Government-Vocational Rehabilitation</u>		20-Job Corps, as appropriate to area <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 _____ 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>III</u> <u>Toni Hamilton</u> <u>7/29/05</u> Signature Date <u>Toni Hamilton-Manager</u> Printed/Typed Name & Title of Nominator <u>VA Department of Rehabilitative Services</u> Nominator Organization <u>540-776-2715</u> <u>540-776-2722</u> Phone FAX <u>toni.hamilton@drs.virginia.gov</u> E-Mail			

Form B

Commonwealth of Virginia
Virginia Employment Commission
Workforce Investment Act



NOMINATION FORM

Local Youth Council



1-Name (First, MI, Last) <u>Laura B. Elliot</u>		2-Local Workforce Investment Area (LWIA) Board Name <u>Western Virginia Workforce Development Board</u>	3-Date <u>9/13/05</u>
4-Street Address <u>Suite 202B 3433 Brambleton Ave.</u>		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 <u>Roanoke</u>	6-County <u>Roanoke</u>	14-Recommended for (see section number)	
7-State <u>VA</u>	8-ZIP <u>24014 6515</u>	15-Board Member/Expertise/Experience <input type="checkbox"/>	
9-Home Phone (include area code) <u>540 982-1689</u>	10-Work Phone (include area code) <u>540 989-6392</u>	16-Youth Service Agency <input checked="" type="checkbox"/>	
11-FAX <u>540 774-5973</u>	12-E-Mail <u>laura@ja.roacoxmail.com</u>	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 Title I WIA Youth Representative Title _____ Organization _____ Nature of Business _____	
16-Youth Service Agency Representative (including juvenile justice/law enforcement) Nominee's Title <u>Educational Marketing Manager</u> Youth Organization <u>Junior Achievement of Southwest Virginia Inc.</u>		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 # _____

Katherin Anderson Elam 9-15-05
Signature Date

Katherin Anderson Elam, President
Printed/Typed Name & Title of Nominator

Junior Achievement of Southwest Virginia Inc.
Nominator Organization

540-989-6392 540-774-5973
Phone FAX

Katherin@ja.roacoxmail.com
E-Mail

Form B

Commonwealth of Virginia
Virginia Employment Commission
Workforce Investment Act



NOMINATION FORM



Local Youth Council

1-Name (First, MI, Last) <u>WANDA G. ANTHONY</u>		2-Local Workforce Investment Area (LWIA) Board Name <u>WESTER VIRGINIA WORKFORCE DEVELOPMENT BOARD</u>		3-Date <u>9-6-05</u>
4-Street Address <u>7268 South BARRENS ROAD APT 101</u>		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 <u>ROANOKE</u>	6-County <u>ROANOKE</u>	14-Recommended for (see section number)		
7-State <u>VA</u>	8-ZIP <u>24019</u>	15-Board Member/Expertise/Experience <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 (include area code) <u>540 400-7855</u>	10-Work Phone (include area code) <u>540 986-1224</u>	11-FAX <u>540 986-1932</u>		
12-E-Mail <u>WANTHONY@WORKFORCE-DEVELOPMENT.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>YOUTH COORDINATOR</u> Youth Organization <u>GOODWILL INDUSTRIES WIA TITLE I YOUTH PROGRAM</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>Linda Matthews</u> <u>9-6-05</u> Signature Date <u>LINDA MATTHEWS, Vice President</u> Printed/Typed Name & Title of Nominator <u>GOODWILL INDUSTRIES OF THE VALLEYS, INC</u> Nominator Organization <u>540 674-1721</u> <u>540-674-2691</u> Phone FAX <u>L.MATTHEWS@WORKFORCE-DEVELOPMENT.ORG.</u> E-Mail				