**Nomination Form for Board Members of the**

Click here to enter name of WDB. **Local Workforce Development Board**

1. Nominating Organization Information

Date: Click or tap to enter a date.

Name of Nominating Organization:

Contact Person: Click here to enter text.

Phone\*: Click here to enter text. Email: Click here to enter text.

2. Nominee’s Identifying Information:

Work/Home Phone\*: Click here to enter text.

Cell Phone\*: Click here to enter text.

\*include area code if not 808

Email: Click here to enter text.

Title: Choose one. Other title: Click here to enter text.

Name: Click here to enter text.

Position/Title: Click here to enter text.

Organization Represented: Click here to enter text.

Number of Employees: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: HI

Zip Code: Click here to enter text.

3. List below or attach resume that describes education and work experience (paid or unpaid).

Include past or present involvement in community-related activities, e.g. committees, volunteer work, commissions, boards, chambers of commerce.

Click here to enter text.

4. List any experiences you feel would be advantageous to the Local Workforce Development Board (if not included in item 3):

Click here to enter text.

5. If applicable, please list any other information that you feel would be pertinent:

Click here to enter text.

**Certification Statement**

By signing below, I certify that the information provided is truthful and correct to the best of my knowledge.

Nominator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_