



# LANE WORKFORCE PARTNERSHIP

## WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

### BOARD MEMBERSHIP APPLICATION

#### APPLICANT INFORMATION

Name:

Date:

Business/Employer/ Labor Organization/CBO:

# of Employees:

Address:

Website:

Occupation/Title:

Work Phone:

Cell Phone:

Email:

#### CHOOSE FROM ONE OF THE FOLLOWING FIVE GROUPS YOU WILL REPRESENT

##### 1. BUSINESS REPRESENTATIVE

I am an owner, executive, or operating officer in my business.

Yes No

I have optimal decision-making or hiring authority in my business.

Yes No

My business is part of the  
serve on the LWP Workforce Board by  
trade association.

industry sector. I have been nominated to  
, a local business or business

##### 2. LABOR REPRESENTATIVE

I represent  
LWP Workforce Board by

, a labor organization, and have been nominated to serve on the

##### 3. WIOA TITLE II – ADULT EDUCATION & LITERACY/HIGHER EDUCATION REPRESENTATIVE

I represent  
Workforce Board by

, and have been nominated to serve on the LWP

##### 4. ECONOMIC DEVELOPMENT/WAGNER PEYSER/VOC REHABILITATION REPRESENTATIVE

I represent

**5. COMMUNITY-BASED ORGANIZATION REPRESENTATIVE**

I represent \_\_\_\_\_, a community organization.

The organization addresses needs of individuals with barriers to employment. Yes No

The organization serves veterans or individuals with disabilities. Yes No

The organization involves the training or education of youth or adults. Yes No

The organization relates to transportation, housing, or public assistance. Yes No

This is a philanthropic organization. Yes No

(Other) The organization involves \_\_\_\_\_.

**LIST ANY PROFESSIONAL OR OTHER ASSOCIATIONS OF WHICH YOU ARE A MEMBER**

**REASONS FOR APPLYING**

**Signature**

**Please email this application along with a resume and signed copy of the Conflict of Interest Policy to:**

**Anne Nestell, Board Relations and Program Manager**

[anne@laneworkforce.org](mailto:anne@laneworkforce.org)

Lane Workforce Partnership (LWP) is an equal opportunity employer. With 48 hours of notice, auxiliary aids and services, and alternate formats are available to individuals with limited English proficiency free of cost. Requests can be made directly to LWP or with the assistance of TTY: Oregon Relay Services at 1-800-735-2900.