



LANE WORKFORCE PARTNERSHIP

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) BOARD MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: _____ Date: _____

Business/Employer/Labor Organization/CBO: _____ No. of Employees: _____

Website: _____

Address: _____

Your Occupation/Title: _____

Work Telephone: _____ Cell Telephone: _____ 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 _____ industry sector.

I have been nominated to serve on the LWP Workforce Board by _____, a local business organization or business trade association.

2. LABOR REPRESENTATIVE

I represent _____, a labor organization, and have been nominated to serve on the LWP Workforce Board by _____.

3. WIOA TITLE II - Adult Education & Literacy / HIGHER EDUCATION REPRESENTATIVE

I represent _____, and have been nominated to serve on the LWP Workforce Board by _____.

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:

Please email this application and a resume to: anne@laneworkforce.org

Or mail your application to:
Lane Workforce Partnership
Attn: Anne Nestell
1401 Willamette Street, Second Floor
Eugene, OR 97401

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.