



# 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](mailto: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.*