

Region VI Youth Council Member Nomination Form

Name (Last, First, MI)	Type of Nomination (Please check one) <input type="checkbox"/> New Appointment <input type="checkbox"/> Re-Appointment
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Contact Information (Please list the mailing and email address that you would like to receive correspondence at, and the phone and fax number you may be reached at during business hours.)

Street / PO Box Address

City

County

State

ZIP Code

Phone Number (area code first)

Fax Number (area code first)

Cell Number (optional)

Email Address

Below are the sectors which make up our board composition. Please check which sector(s) you will be representing and fill in that section. You can represent more than one sector, but you must have decision-making authority for each entity you represent.

WIB Board Member with Expertise in Youth Policy

Organization Name

Position/Title

Service Agency Representative (i.e. juvenile justice, local law enforcement)

Organization Name

Position/Title

Local Public Housing Authority Representative

Organization Name

Position/Title

Individuals with Youth Activity Experience

Organization Name

Position/Title

Job Corps Representative (if one is located in local area)

Organization Name

Position/Title

<input type="checkbox"/> Parent (of Eligible Youth)	<input type="checkbox"/> Optional (this category would also include a youth)
_____ Eligible Youth's Name	_____ Organization (if youth, school currently attending)

Nominator (If the nominator is a LEO Member, please skip this section and refer to "LEO Member Use Only" section.)
I hereby recommend the above named person for membership on the Local Youth Council for Region VI.

Nominator Signature & Date

Email Address

Nominator's Organization & Position/Title

Phone Number (area code first)

Fax Number (area code first)

LEO Member Use Only

Subject to certification required by Section 117 of the Workforce Investment Act of 1998, the person nominated herein has been duly appointed to the Local Youth Council by the Local Elected Officials of Region VI.

TERM OF APPOINTMENT: From _____ To _____

County LEO Member Signature & Date

LEO Board Chair Signature & Date