Application for Regional and/or Local Advisory Subcommittee Membership

In accordance with the Workforce Innovation and Opportunity Act of 2014 (WIOA), the Workforce Alliance of the North Bay (WANB) Governing Board has established a Regional Workforce Development Board (WDB) for Napa, Marin, Lake and Mendocino counties which sets policy for and provides oversight of workforce development programs in the four counties. Workforce Development Board members are appointed by the Governing Board to represent specified sectors of the community as listed in Section IV below. The county advisory subcommittees were created to make recommendations to the full WDB that specifically pertain to their respective county's employers and their workforce. There is a sub committee for each of the WANB counties.

Individuals interested in serving on the WDB or workforce committee must complete and submit this application for appointment. This application and the related Nomination Form(s), if any, may be subject to public disclosure.

Please check the appropriate box:				
☐ Regional Workforce Development Board (WDB) Membership				
☐ Advisory Subcommittee for county Membership				
☐ Renew Membership (if your information hasn't changed please fill out only Section I. and sign the form)				
\square Update Information				
Section I. Personal Information				
First Name:	Last Name:	M.I.:		
Home Address:	City:	Zip:		
Mailing Address:	City:	Zip:		
Cell Phone:	Alternate Phone:			
Email Address:				
Section II. County / Location				
Provide the county in which your residence, business or organization is				
located:				
Section III. Occupational Information				
Industry Sector:				
Occupation / Title:				
Employer:				

Employ	ver Address:			
City:	Sta	ate:	Zip:	
Employ	ver Phone:			
Section IV. Eligibility Certification				
Indicate below each membership category for which you are applying. You may mark more than one category but must certify your qualifications for each category for which you are applying. A completed Nomination Form must accompany applications for Business Member, Labor Organization, Adult Education and Literacy and/or Higher Education from an appropriate nominating organization.				
	usiness Member (Do you represent a dministration? \square Y \square N) Name of Business:	a "small business" as de	fined by the U.S. Small Business	
Oi	bor Organization Name of rganization:			
Oi	int Labor-Management Apprentice Name of rganization:	Program		
	ommunity-based Organization Name of rganization:			
☐ A	dult Education and Literacy Name of Provider:			
☐ Hi	gher Education Name of Institution:			
□ Ec	conomic and Community Developme	ent		
☐ St	Name of Entity: ate Employment Office			
	ocational Rehab Name of Program:			
Section V.				
	escribe how your participation on t	he WDB would advance	e Workforce Development programs.	

Please be advised that members of the Workforce Development Board:

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- Must disclose financial interests as required by the County Code (Form 700).
- Must report any conflicts of interest as required by the County Code.

I hereby certify that all statements in this Application are true and complete to the best of my knowledge and execute this Application under penalty of perjury. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

Signature Date

Send completed applications to:

Workforce Alliance of the North Bay P.O. BOX 247 Napa, CA 94559

or email to: boardadmin@workforcealliancenorthbay.org