



BOARD OR COMMISSION APPLICATION FORM

New Appointment

Reappointment

Name of Board or Commission _____

Your Name _____

Home Address _____ **City** _____ **Zip** _____

E-mail _____ **Phone (H)** _____ **Phone (W)** _____

Occupation _____ **Business Name** _____

Business Address _____ **City** _____ **Zip** _____

WIOA implementation also requires a smaller and more active Board. The criteria for Board membership includes:

- Business representatives (majority)**
- Representatives of Labor, joint-management apprenticeship programs, Community-based organizations, and youth-serving organizations**
- Representatives of entities administering education and training**
- Representatives of governmental, economic development, and community**

Reasons for Interest in Appointment _____

Fraternal and/or Civic Organizations _____

Education _____

REFERENCES (Minimum 3/List Name, Address, Phone Number, and Email Address)

- 1) _____
- 2) _____
- 3) _____

DELIVER OR MAIL TO: Richmond Workforce Development Board
330 - 25th Street
Richmond, CA 94804

OR EMAIL TO: CityClerkDept@ci.richmond.ca.us

Signature: _____ **Date:** _____