

Northwest Wisconsin Workforce Investment Board  
Board Member Application

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

E-Mail \_\_\_\_\_ Do you have internet access?  Yes  No

Do you prefer to receive board materials electronically?  Yes  No

Male  Female  Minority  Non-Minority  Minority Owned Business

Organization or Business Name  
\_\_\_\_\_

Address \_\_\_\_\_  
(Street, RFD, Box No.) (P.O. Box No.)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Business Information

\_\_\_\_\_ (Area) \_\_\_\_\_ (No. of Employees)

Position Held \_\_\_\_\_

Type of Business or Organization

PRIVATE SECTOR

- Manufacturing
- Finance
- Professional & Business Services
- Construction
- Education & Health
- Natural Resources & Mining
- Trade/Transportation/Utilities
- Information
- Leisure and Hospitality
- Administration/Local Education
- Additional Member (Tribal)
- Other Services \_\_\_\_\_

PUBLIC SECTOR

- WIA/WTW
- Education & Health
- Labor Organization
- Vocational Rehabilitation
- Community Based Organization
- Economic Development
- Job Service/VETS
- TANF/FSET
- Government/Public
- Unemployment Insurance

Please answer the following questions:

1. What is your primary reason for wanting to become a member of the NWWIB board?

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2. Have you ever served on a board before? If so, please explain, including positions you held and committees on which you served.

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Our governance model asks Board Members to attend all regular scheduled meetings.

Are you able and willing to make this commitment?  Yes  No

Are you willing to serve as a working board member?  Yes  No

3. Do you have particular skills of strength from service to other organizations?

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**Signature of Nominee** \_\_\_\_\_

*If completing this form electronically, your typed name will serve as your electronic signature.*