



**Commonwealth of Virginia  
Workforce Innovation and Opportunity Act**

**NOMINATION FORM**  
**Local Workforce Development Board**

<b>1-Name (First, MI, Last)</b> Roy Norville		<b>2-LWDA #</b> 4	<b>3-Date</b> 02/11/20
<b>4-Street Address</b> 779 Massanutten Street		<b>13-Nominee Characteristics</b>	
<b>5-City</b> Harrisonburg	<b>6-County</b> n/a	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Race:	
<b>7-State</b> Virginia	<b>8-ZIP</b> 22801	White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
<b>9-Home Phone (include area code)</b>		<b>14-Recommended for (see section number)</b>	
<b>10-Work Phone (include area code)</b>		<b>16- Labor/ CBO/ Apprenticeship</b> <input type="checkbox"/>	
<b>11-FAX</b>	<b>12-E-Mail</b> roy.norville@svorganic.com	<b>17-Private Sector (Business)</b> <input checked="" type="checkbox"/>	
<b>15-LWDA Name</b> Shenandoah Valley Workforce Development Board		<b>18-Education</b> <input type="checkbox"/>	
<b>16-Labor/ CBO/ Apprenticeship Representative</b>		<b>19-Economic Development</b> <input type="checkbox"/>	
Title _____	Organization _____	<b>20-Organized Labor</b> <input type="checkbox"/>	
<b>17-Private Sector (Business) Representative</b>		<b>21-One-Stop Partner</b> <input type="checkbox"/>	
Title _____	Vice President of Human Resources	<b>22-Optional/ Other</b> <input type="checkbox"/>	
Business _____	Shenandoah Valley Organic	Minority-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Business _____	manufacturing	Female-Owned Business <input type="checkbox"/>	
<b>18-Education Representative</b>		Urban <input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
Title _____	<b>20-Organized Labor Representative</b>		
Institution _____	Title _____		
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>	Affiliation _____		
<b>19-Economic Development Representative</b>		<b>21-One-Stop Partner Representative</b>	
Title _____		Title _____	
<b>23-Nominator</b>		<b>22-Optional/ Other Representative</b>	
I hereby recommend the above-named person for membership on the Local Workforce Development Board.		Title _____	
Signature _____ Date 2-12-2020		Agency _____	
Brian B Shull, Economic Development Director		<b>24-Action by Chief Elected Official</b>	
Printed/Typed Name & Title of Nominator		Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.	
City of Harrisonburg		Term of Appointment: From _____ To _____	
Nominator Organization		Signature of Chief Local Elected Official _____	
(540) 432-7701		Date _____	
Phone _____ FAX _____			
Brian.Shull@harrisonburgva.gov			
E-Mail _____			