




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

**NOMINATION FORM
Local Workforce Development Board**

1-Name (First, MI, Last) Kai Degner		2-LWDA # IV	3-Date 11/30/17
4-Street Address 127 W. Bruce Street, MSC 6906		13-Nominee Characteristics	
5-City Harrisonburg	6-County Rockingham	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
7-State Virginia	8-ZIP 22807	Race:	
9-Home Phone (include area code)	10-Work Phone (include area code) (540) 568-4251	White <input checked="" type="checkbox"/> Black <input type="checkbox"/>	
11-FAX	12-E-Mail kai.degner@gmail.com	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWDA Name Shenandoah Valley Workforce Development Board	14-Recommended for (see section number)		
16-Labor/ CBO/ Apprenticeship Representative	16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>		
<i>Title</i> _____ <i>Organization</i> _____	17-Private Sector (Business) <input checked="" type="checkbox"/>		
17-Private Sector (Business) Representative	18-Education <input type="checkbox"/>		
<i>Title</i> _____ <i>Organization</i> _____	19-Economic Development <input type="checkbox"/>		
<i>Title</i> Director of Professional Development	20-Organized Labor <input type="checkbox"/>		
<i>Business</i> James Madison University Outreach & Engagement	21-One-Stop Partner <input type="checkbox"/>		
<i>Type of Business</i> Higher Education	22-Optional/ Other <input type="checkbox"/>		
18-Education Representative		20-Organized Labor Representative	
<i>Title</i> _____		<i>Title</i> _____	
<i>Institution</i> _____		<i>Affiliation</i> _____	
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>			
19-Economic Development Representative		21-One-Stop Partner Representative	
<i>Title</i> _____		<i>Title</i> _____	
		<i>Partner/Entity</i> _____	
23-Nominator		22-Optional/ Other Representative	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		<i>Title</i> _____	
		<i>Agency</i> _____	
<i>Signature</i> _____ <i>Date</i> 12/8/17			
<i>Printed/Typed Name & Title of Nominator</i> Melissa Lubin, Dean		24-Action by Chief Elected Official	
<i>Nominator Organization</i> James Madison University Outreach & Engagement		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.	
<i>Phone</i> (540) 568-4253 <i>FAX</i> _____		Term of Appointment: From <u>07/01/17</u> To <u>06/30/21</u>	
<i>E-Mail</i> lubin2mm@jmu.edu		<i>Signature of Chief Local Elected Official</i> _____ <i>Date</i> _____	