

Greenville Area
Workforce Investment Board
Membership Application

First Name:

Last Name:

Title:

E-Mail:

Company/Organization Name:

Address:

City: State: Zip:

Business Phone: Fax:

Home Address:

Home Phone: Cell Phone:

Nomination by: _____

Title: _____

Company: _____

Private Sector

Education

Labor

Community-Based Organization

Please list current job responsibilities; also list any affiliations and/or offices held with other associations and organizations.

What do you think are the critical workforce issues for our region?

What attributes will you contribute to the Greenville Area Workforce Investment Board? PLEASE BE SPECIFIC IN THE FOLLOWING AREAS:

Skills, knowledge & traits:

Experience (job or voluntary):

Resources or networking capabilities:

What specific goals or outcomes do you personally hope to achieve as a result of your participation on the Greenville Workforce Investment Board?

What specific goals or outcomes does your organization hope to achieve as a result of your participation?

Please complete and return to Greenville County Workforce Development by faxing it to Rachael Angel at 467-4619 or by emailing it to her at rangel@greenvillecounty.org