Lower Savannah Workforce Investment Area (LSWIA)
WORKFORCE DEVELOPMENT BOARD (WDB)

PUBLIC WELFARE NOMINATION FORM

To assist designated agencies in making appropriate nominations by classification:

A. **NOMINATING AGENCY**: Recognized State and local Public Assistance – Public Welfare agencies
B. These Nominating Agencies may only nominate those representing: **PUBLIC WELFARE SERVICES**

RETURN TO: Jerry Beck (jbeck@lscog.org)
Business Services Representative
Lower Savannah Council of Governments
PO Box 850, Aiken, SC 29802-0850
Phone: **(803) 649-7981**

NOMINATING AGENCY: _____
{State Welfare _____
Board/Office} _____
_____
Phone: _____

Name, Home Address, Home Phone # & Home E-Mail (if possible)	BUSINESS INFORMATION		
	AGENCY NAME & JOB TITLE	BUSINESS MAILING ADDRESS	BUSINESS PHONE #, FAX # & E-MAIL

_____ / _____
Printed Name, Title & Signature of Nominating Agency Representative {cannot be Nominee listed above} **Date**

NOTE: (1) Contact each nominee to ensure desire & commitment to serve on WDB.
(2) Return completed form to name and address above.
(3) Make additional copies of this form as needed.