



San Benito County Workforce Development Board

1111 San Felipe Road, Suite 107, Hollister, CA95023
Office: (831) 637-JOBS (5627) • www.sbcjobs.org • FAX (831) 637-0996

Membership Application

(For your convenience, this application has been formatted in Microsoft Word with fill-in boxes.)

Name: _____ Date Submitted: _____

Title/Position: _____

Entity/Business/Organization Name: _____

Company Website/URL: _____

- **Business representatives:** to qualify for appointment you must be an owner, CEO, COO or other individual with optimum policy making authority or hiring authority for the organization you represent; and must represent businesses that provide employment opportunities that, at a minimum, include high-quality, work-relevant training and development in in-demand industry sectors or occupations in the local area.
- **Non-Business representatives:** to qualify for appointment, you must be an individual with policy making or decision-making authority for the organization you represent.

Representation

Please select from one of the following categories that you represent: ([Federal Register Section 679.320](#))

- | | | |
|---|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Small Business | <input type="checkbox"/> Local Educational Entity |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> Economic Development | | <input type="checkbox"/> Wagner-Peyser/EDD |
| <input type="checkbox"/> Rehabilitation | | <input type="checkbox"/> Chief Elected Official / Board of Supervisor |

Contact Information

Entity/Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Cell Phone: _____

Business Email: _____ Personal Email: _____

Website address: _____

City of residence: _____

Personal Mailing Address: _____

Business Related Questions

Please answer the following questions and attach any additional pages, if necessary:

1. Number of current employees: _____
☐ Ag ☐ Healthcare ☐ Manufacturing ☐ Public Sector Retail
2. Priority Sector Represented: ☐ Hospitality ☐ Information Technology ☐ Other: _____
3. Number of years with current Entity/Business/Organization: _____
4. Number of years in business in San Benito County: _____



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ADA / Equal Opportunity Employer / Program Auxiliary Aids and Services are available upon request to individuals with disabilities.

Some conditions may apply. For TTY access call: (831) 637-3265



5. Please identify any special areas of expertise and/or interests (e.g., talent, experience, resources, knowledge, networks, passion) that you bring to the Board regarding economic development, business marketing, strategic planning, and/or special needs populations, including veterans, the disabled, migrant/seasonal farm workers, high risk youth, welfare recipients and/or dislocated workers:

6. Please list your current Fraternal and/or Civic Organizations, the duration of each membership and the positions you currently hold:

7. Regional Workforce: What do you think are the critical workforce issues in our region? Why?

San Benito County WDB Related Questions

Please answer the following questions and attach any additional pages, if necessary:

1. What do you hope to contribute from your participation on the San Benito County WDB?

2. What experience in the areas of fundraising, budget analysis, workforce policy development, youth services, knowledge of the labor market, and community involvement or linkages with educational agencies do you bring to the San Benito County WDB, as applicable?

3. Membership on the San Benito County WDB requires that each member attend a full WDB meeting quarterly on the 2nd Tuesday of January, April, July, October and, attend training sessions (i.e., New Member Orientation). The time commitment for these meetings ranges from a minimum of 1 to 2 hours per quarter. Can you make that time commitment? Yes ☐ No ☐

4. As a member of the San Benito County WDB, you may be invited to serve on a sub-committee. The time commitment for the committees ranges from a minimum of 1 to 4 hours per quarter. Can you make that time commitment? Yes ☐ No ☐

5. In the event you are unable to attend in person please list your proxy to attend on your behalf, include contact information:

Signature and Acknowledgement

I, the undersigned, certify that the information on this application is true and correct to the best of my knowledge and that, if appointed to serve, I will do so to the best of my ability and in the best interest of San Benito County and its citizens.

Print Name/

Signature:

Date:

To be completed by County official only

Date received by San Benito County: _____

Received by: _____