

**TO: Workforce Investment Board**

**DATE: 01/13/11**

**FROM: Youth Council Staff**

**For Discussion**

**For Action**

**For Information**

**SUBJECT: Youth Council Membership Nominations**

**PROPOSED MOTION(S): That the Workforce Investment Board accept the nominations of the following members and forward for final approval to the Board of Supervisors.**

**Nominations:** Ms Bernedette Castaneda, Community Member  
Ms. Laura Gloria, Parent of Eligible Youth

**DISCUSSION:**

**Section 117(h) of the Workforce Investment Act outlines criteria for membership on the Workforce Investment Board's Youth Council. The members listed above meet the WIA Youth Council criteria for membership.**

**The Workforce Executive Committee approved the nominations on January 3, 2011.**

**ATTACHMENT(S): Applications**



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**2) Explain your understanding of the purposes, responsibilities, and services offered by the Youth Council.**

Youth Council is a subgroup of the WIB as provided for by WIA Legislation. The council provides perspective and recommendations for youth in development of local employment and training policy. The council provides linkages to/from the community in implementation and modification of Youth Development activities in the community. Conducts oversight of contracted youth activities.

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**3) List all experiences you feel would be advantageous to the Youth Council.**

1987-2009. Program Manager, Dept. of Workforce Investment. Worked in many programs/activities/contracts, including Year Round and Summer Youth programs. Summer of 2009, coordinated Summer Youth Program activities under Economic Stimulus monies for county.  
Oct.-Dec. 2010. Reader/Rater for National Food Service, Federal Dept. of Agriculture, grants for ending hunger in the United States.

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**4) Please list any other information that you feel would be pertinent to this application.**

Have worked on grants and contracts for implementing youth programs for many years. Have taken youth programs from inception through implementation. I appreciate the opportunity to continue working with our young people.

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**5) REFERENCES: List two references who can attest to your suitability for appointment to the Youth Council (please provide name, address and phone number).**

<b>Name:</b> <u>Evelyn Eagleton</u>	<b>Name:</b> <u>Marcia Daily</u>
<b>Address:</b> <u>Merced, CA</u>	<b>Address:</b> <u>Merced, CA</u>
<b>Phone:</b> _____	<b>Phone:</b> _____

**Applicant Signature:** Bernadette Montaneda



Workforce Investment Board  
 Albert Montejano, Chair  
 Al Peterson, 1<sup>st</sup> Vice Chair  
 Steve Newvine, 2<sup>nd</sup> Vice Chair  
 1880 West Wardrobe Ave. Merced, CA 95341  
 Phone (209)724-2008 FAX (209)725-3592  
 www.co.merced.ca.us/wi/wib/wib.html

**MERCED COUNTY YOUTH COUNCIL**

Youth Council  
 Rennise Ferrario, Chair  
 Claudia C. Corchado, Vice Chair  
 www.co.merced.ca.us/wi/youth/youth.html

**Application for Nomination  
 to the  
 Youth Council**

Date:

Name: Laura L. Gloria Home Telephone: [Redacted]

Home Address: [Redacted] Home Fax: \_\_\_\_\_

Home email: \_\_\_\_\_

Place of Employment: Hoffman Security

Occupation/Position: Operator/Dispatcher

Work Address: \_\_\_\_\_ Work Phone: (209) 384-3305

Work Fax: \_\_\_\_\_

Work e-mail: \_\_\_\_\_

Please answer the following questions with as much pertinent information about yourself as possible. This form will be used to evaluate your qualification for nomination to serve on the Youth Council.

If you need more room for your answers, please use an additional sheet of paper.

1) List past or present involvement in community-related activities (i.e., committees, volunteer work, commissions, boards, chambers of commerce, etc.).

2) Explain your understanding of the purposes, responsibilities, and services offered by the Youth Council.

Giving my opinion what's important to youth. What changes should be made for the students of Merced County. Provide valuable insight to those who do not have or understand what it is like to be a parent's grandmother of at risk children.

3) List all experiences you feel would be advantageous to the Youth Council.

Understanding parents needs, needs of the community, young adolescents of Merced and my understanding of the juvenile justice system. My experiences will enhance the council's understanding of what it's like to be a parent's.

4) Please list any other information that you feel would be pertinent to this application.

I have a daughter in the YOP/Juvenile Job Program and a son who is currently in the Hall. Who I would like to enroll in the program upon his release.

5) REFERENCES: List two references who can attest to your suitability for appointment to the Youth Council (please provide name, address and phone number).

Name: Charmaine Helms

Name: John Keane

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature: Laura Glorie