



WISCONSIN
COUNCIL FOR
Local History

Wisconsin Council for Local History, Inc.

NOMINATION FORM – ACHIEVEMENT AWARD

Name of affiliate: _____

Name of contact person: _____

Mailing address:

Telephone: _____

Email address: _____

Name of *volunteer, staff member, or supporter of the affiliate* nominated as you wish it to appear on the award:

Service start date: _____ End date: _____ (not to exceed 34 months)

Please briefly identify the **in-house** work or services performed by the nominee, such as *protracted service in* maintenance or repair of buildings, grounds, or exhibits; service as docent or guide; preparation of exhibits or displays; cataloging of artifacts or archival material; conservation of artifacts or archival material; preparation or distribution of communications intended for members of the affiliate; on-site presentations; general office or administrative work, etc.:

Total number of hours: _____

Please briefly identify the *protracted* work or services performed **in the broader community** by the nominee, such as presentations at schools, libraries, or other community sites; conducting tours of cemeteries, historic sites, or districts; preparation of pamphlets, brochures, or other publications intended for public distribution; submissions to newspapers, magazines, radio or television programs or other media; operation or contributions to a web site or social media page; participation in historical festivals or reenactments, etc.:

Total number of hours: _____

Please identify work or services performed to **enhance the affiliate's ability** to conduct the purposes for which it exists, such as a significant increase in the affiliate's membership or financial resources; significant additions to the affiliate's collections, facilities, or programs; significant enhancement of the quality and professionalism of volunteer or staff performance; significant collaborations with schools, libraries, civic groups, veterans' and patriotic organizations, youth organizations, or other history groups; significant improvement in reach to underrepresented or underserved populations, etc.:

Total number of hours: _____

Please describe why you believe the nominee's work or services constituted an outstanding and exemplary contribution to the mission of your organization, to the advancement of the understanding of history, or to the quality of life in your community:

Signature of nominator: _____

Date of submission: _____ (on or before September 10)

Send to Awards Committee, c/o John Decker, 143 W. Main Street, Evansville, WI 53536, or email form to deckercorp@charter.net.