



WISCONSIN
COUNCIL FOR
Local History

Wisconsin Council for Local History, Inc.

NOMINATION FORM – CERTIFICATE OF RECOGNITION

Name of affiliate: _____

Name of contact person: _____

Mailing address:

Telephone: _____

Email address: _____

Name of *volunteer* nominated as you wish it to appear on the certificate:

Service start date: _____ End date: _____ (not to exceed 22 months)

Please briefly identify the **in-house** work or services performed by the nominee, such as 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 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: _____

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.