

## Milwaukee County Senior Citizen Hall of Fame Nomination Information COVER PAGE

## INFORMATION ABOUT THE NOMINEE

Last name	First Name	Initial
Address	City, State	Zip code
Telephone ( )	Date of Birth	-
Length of Residency in Milwauke	e County	
Current Occupation or Former O	ccupation if retired	
Was nominee advised by sponso	or of nomination? YesNo	
INFORMATION ABOUT THE SPON	SOR	
Name	Telephone ( )	
Agency or Organization (if applic	able)	
Address	City, State	Zip code
Email		
Contact person (if different from a	above) Telephone (	)
Re	ach additional information to cover p fer to Guidelines for Nominating Nominations due March 1, 201	
Milwaukee Cou	ge to additional nomination information Inty Department on Aging-Area Agen Hall of Fame Selection Committee 1220 West Vliet Street, Suite 302 Milwaukee, WI 53205	

## Nominee Information:

- 1. Nominees must be 60 years of age or above, living, and residents of Milwaukee County.
- 2. One individual will be chosen.
- 3. Nominees must qualify in any one or combination of the following areas:

(Please stress volunteer activities, including number of volunteer hours in the previous two years.

- a. Gave voluntary service of an educational, community, or humanitarian nature.
- b. Made exceptional contributions as a volunteer in efforts to improve the lives of people regardless of race, creed, or national origin.
- c. Advocated as a volunteer on behalf of Wisconsin senior citizens.
- 4. Prior submissions can be resubmitted. **Information must be updated.**
- 5. No special award categories will be given.
- 6. Nominations may be accompanied by letters of endorsements.
- 7. Individuals may not nominate themselves.
- 8. The cover form provided must be included with the nomination.
- 9. Paid work in any category will not be considered.
- 10. An individual may not nominate more than one person per year.
- 11. Members of the selection committee and the Commission on Aging are not eligible for nomination in the year they serve in any of these capacities.

## **Guidelines for Nominating:**

Fill out the cover page provided **AND USE EXTRA PAGES** to answer the following completely, and concisely:

- 1. Specify nominee's active participation in:
  - a. Groups and organizations:
    - List name of each organization, nominee's involvement, and years of affiliation.
  - b. Specify additional activities, achievements and awards, including dates.
  - c. List specific volunteer activities.

Include explanation of duties, accomplishments, and/or responsibilities that demonstrate exceptional volunteerism.

- 2. Estimate **total volunteer hours in the previous two years** preceding the date of nomination, if applicable.
- 3. What special characteristics of your nominee make him or her worthy of placement in the Milwaukee County Senior Citizen Hall of Fame?
- 4. Attach related and supporting documents such as letters of endorsement.
- 5. The cover page provided must be filled out completely and included as part of the nomination.

Return Nominations to: Milwaukee County Department on Aging Hall of Fame Selection Committee 1220 West Vliet Street, Suite 302 Milwaukee, WI 53205 Nominations should be post marked or hand delivered to the Department on Aging by

March 1, 2019

Additional forms available by calling (414) 289-6794 or at www.county.milwaukee.gov/aging