

CHILIS Librarian of the Year Award Nomination Form

I nominate the following individual for the CHILIS Librarian of the Year Award:

Name _____

Library where employed _____

Position held _____

Full-time Part-time Number of hours/week _____

Service Population of the Library: _____ # of hours/week the library is open _____

Duties include (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Storytime | <input type="checkbox"/> Summer Reading Program | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Infant Programs | <input type="checkbox"/> School Visits | <input type="checkbox"/> Supervisory role |
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Outreach | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Teen/YA Programs | <input type="checkbox"/> Technology | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Collaboration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Collection Development | <input type="checkbox"/> Grant-writing | |

Is the person you are nominating a member of CHILIS? yes no
(only members of CHILIS are eligible to receive the award)

Please tell why you are nominating this person for the award and explain what this person has done in this past year that demonstrates a **"significant contribution" to enriching library services to youth (children and/or teens) in New Hampshire**. Attach your answer to this form, although we ask that you submit no more than one page for your nomination letter. If you are submitting any supporting materials, please limit those to one additional page. Thanks!

See next page

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I can be contacted at:

Name of Nominator _____

Library where employed _____

Position held _____

Library Address: _____

Phone number _____ E-mail _____

Please include the name and contact information for an additional reference who can second the nomination.

Name of additional reference _____

Library where employed _____

Position held _____

Library Address: _____

Phone _____

E-mail _____

Signature of Nominator _____ **Date** _____

How to Submit:

Please send this form (**postmarked no later than January 28th**) to:

Ann Hoey
NH State Library
20 Park Street
Concord, NH 03301