

**CHILIS**  
**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 \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Service Population \_\_\_\_\_ # hours library is open per week \_\_\_\_\_

Position held \_\_\_\_\_

Full Time       Part Time      Number of Hours: \_\_\_\_\_

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          | _____  |

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!

\*\* Criteria for Recipient:

- Be currently employed in NH as either a librarian or a library support staff member
- Be a current CHILIS member
- Cannot be a current CHILIS Board member
- Cannot be a past recipient of the award

**See next page**

I can be contacted at:

Name of Nominator \_\_\_\_\_

Library where employed \_\_\_\_\_

Position held \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_ 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