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Original Date Received:

Date Updated:


# CONTRIBUTOR as an ADMINISTRATOR/DEVELOPER

# Nominee Questionnaire

I. PERSONAL DATA

Required information noted in **BOLD**

□ Candidate is deceased. Date of passing:

**Candidate’s Full Name:**

Maiden Name: Spouse Name:

**Home Address:**

**City:** **State:** **Zip:**

**Birth Date:**

**Home Phone:** ( ) Work Phone: ( )

Cell Phone: ( ) E-mail:

**Candidate’s current role/involvement in the game:**

Please list occupation/position held and involvement with professional organizations.

II. SERVICE

Required information noted in **BOLD**

**Please list all national leadership positions and or committees/council service you have held for development, management or governance of the game:**

**Title Org/Committee Year(s) -**

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**Title Org/Committee Year(s) -**

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**Title Org/Committee Year(s) -**

**Please list all historical regional leadership positions and or committees/council service you have held for development, management or governance of the game:**

**Title Org/Committee Year(s) -**

**Title Org/Committee Year(s) -**

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**Title Org/Committee Year(s) -**

**Please list and describe any recognizable and tangible contributions that you have created or established that have fundamentally impacted the game in a positive manner.**

* **To include, but not limited to, processes, systems of play evaluation methods and industry achievement.**

**Contribution:**

**Description:**

**Contribution:**

**Description:**

Please list any other honors you have received as a contributor to the game's growth and development.

Honor Year

Honor Year

Honor Year

Honor Year

Honor Year

Honor Year

**Please list all other contributions made towards development and growth of the game.**

Please list any civic or military involvement that you feel is relevant.

**Have you been inducted into a US Lacrosse Chapter Hall of Fame?**

**Chapter HOF Year**

**Chapter HOF Year**

**Chapter HOF Year**

Please list any other halls of fame or honorary organizations into which you have been inducted.

HOF/Organization Year

HOF/Organization Year

HOF/Organization Year

Please attach/include additional information if appropriate.

**US LACROSSE ANTI-HARASSMENT AND DISCRIMINATION POLICY**

US Lacrosse prohibits and will not tolerate acts of harassment, discrimination, and bullying. Harassment, discrimination or bullying means any gestures, any written, verbal or physical act, or any electronic communication, whether a single incident or a series of incidents that:

1. Are reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability.

1. Takes place in relation to any program function or team; and that a reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a player or damaging the player’s property, or placing a player in reasonable fear of physical or emotional harm to his/her person or damage to his/her property.

1. Has the effect of insulting or demeaning any player or group of players or creates a hostile environment for the player by interfering with a player’s participation or by severely or pervasively causing physical or emotional harm to the player. (N.J.S.L 18A:37-14).

Any US Lacrosse award recipient found in violation of this policy will have all honors revoked. Individuals nominated for US Lacrosse honors found in violation will be removed from consideration. Please initial your acknowledgment below.

\_\_\_\_  I have read and understand the US Lacrosse Policy on Anti-Harassment and Discrimination.

\_\_\_\_ I understand there are consequences of violating the US Lacrosse Anti-Harassment and Discrimination Policy.

**To be eligible for consideration for induction, the following must be completed by the nominee:**

 I , **wish** to be considered for election to the National Lacrosse Hall of Fame and **would be honored** if this award were bestowed upon me. I acknowledge that to the best of my knowledge, the information contained within this questionnaire is accurate and if deemed necessary as a part of the nomination process, I will fully and willingly participate in a criminal background check.

 I , **do not** wish to be considered for election to the National Lacrosse Hall of Fame and **respectfully decline** the honor of having this award were bestowed upon me.

Signature Date

**THIS QUESTIONNAIRE RESPECTFULLY SUBMITTED BY:**

Date

Name

Address

City State Zip

Home Phone: ( ) Work Phone: ( )

Cell Phone: ( ) E-mail:

Please submit all completed questionnaires to:

**US Lacrosse**

**c/o Archivist**

**2 Loveton Circle**

**Sparks, MD 21152**

**410.366.6735 – fax**