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Date Updated: _____



CONTRIBUTOR as an ADMINISTRATOR/DEVELOPER Nominee Questionnaire

Goal of National Lacrosse Hall of Fame Selection Process:

"To select the absolute best of the best, within the context of an individual's era of participation".

Minimum Criteria for Men and Women

To be eligible in this category all nominees:

- Must have demonstrated long, dedicated and exceptional service and contributions to the game
- A Contributor must be at least 20 years active with the sport of lacrosse in one or more capacities
- Must be inducted into at least one US Lacrosse Chapter Hall of Fame
 - Exception noted where greatest lacrosse achievements and contributions occurred in an area where no US Lacrosse Chapter Hall of Fame is established and active
- Must have character beyond reproach
 - Character Beyond Reproach
The following are possible areas of evaluation used to determine Character Beyond Reproach:
 - Practice and perpetuation of positive sportsmanship on and off the field
 - Positive relations with peers, opponents, subordinates and supervisors within the game
 - Service within lacrosse development initiatives
 - Graduation rate (coaches)
 - Service and honors within civic, community and military community
 - Publicly known conviction of any crimes/felonies
 - **All nominees that satisfy the minimum criteria will provide consent to undergo a criminal background check**
 - **Nominee signature required at end of application**

Accomplishment Criteria for Men and Women

To be eligible in this category all nominees must have achieved at least TWO of the following criteria:

- Serve in a national leadership position for development, management or governance of the game for at least ten years (not consecutive)
- Serve on a national lacrosse committee or council for at least ten years (not consecutive)
- Serve in a historical regional leadership position for development, management or governance of the game for at least ten years (not consecutive)
- Create or establish a recognizable and tangible contribution to the game that has fundamentally impacted the game in a positive manner
 - To include, but not be limited to processes, system of play, evaluation methods and industry achievement

In addition, to be considered for induction to the National Lacrosse Hall of Fame:

- This questionnaire must be completed by, or on behalf of, a candidate – submitting information for all required areas/fields.
- If living, the candidate's signature is required on the last page of the nomination 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 outline any family information that you feel is relevant.

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) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| 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) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| Title _____ | Org/Committee _____ | Year(s) _____ | - |
| 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 outline any other information that you feel is relevant.

Please attach/include additional information if appropriate.

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 Director of Museum Services
113 West University Parkway
Baltimore, MD 21210-3300
410.366.6735 – fax**