Sample Nomination Form
*(Printable Draft - Not for Submission)*

# Call for Nominations: MCW Consortium on Public & Community Health

*Wisconsin-based organizations are invited to submit nominations of individuals to serve as a member of the Medical College of Wisconsin (MCW) Consortium on Public & Community Health, the board which oversees the community-focused funds of the Advancing a Healthier Wisconsin Endowment (AHW).* ***This sample form is provided for your convenience in preparing your nomination. Official nominations must be submitted using*** ***this online form******. No paper or email applications can be accepted.*** *The online form only supports Plain Text. No text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the final submission.* ***The deadline for nomination submissions is October 15, 2020 by 5:00 pm CST.*** *Late nominations will not be accepted.*

**Nominator Information (required)** – *In accordance with a 2002 Order of the Commissioner of Insurance, potential members of the MCW Consortium on Public & Community Health board must be nominated by a Wisconsin-based organization that has been in operation for more than five years, and is independent of influence of Wisconsin’s two schools of medicine and Blue Cross & Blue Shield United of Wisconsin and its affiliates.*

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| Nominating Organization:      Organization Website:      Organization Address: Street       City:       State:       ZIP:       Nominator Name (person to serve as point-of-contact for questions for further information):      Work phone:      Cell phone:      Email address:      I certify that this organization is: [ ]  Wisconsin-based[ ]  Has been in operation for at least five years[ ]  Is independent of influence from the Medical College of Wisconsin, the University of Wisconsin School of Medicine and Public Health, and Blue Cross & Blue Shield United of Wisconsin and its affiliates  |

**Nominee Information (required)** –  *Please provide the selection committee with the following information regarding your nominee:*

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| Nominee Name (first, middle, last, suffix/credentials):      Nominee Employer (select one): [ ]  Currently Employed [ ]  RetiredIf currently employed: Current Employer:      Organization Website:      Organization Address: Street       City:       State:       ZIP:       Nominee Job Title:      Nominee Work Phone:      Nominee Cell Phone:      Nominee Email Address:       |
| **Nomination Category (Required)** *At this time, AHW is seeking a Consortium member to fill a vacancy in the category of community health advocate, which is defined by the Order of the Insurance Commissioner as a qualified, independent representative from one or more of the below advocacy categories.* Please select one (or more) of the categories your nominee represents: [ ]  Advocate concerning health issues of particular concern to a minority community[ ]  Advocate concerning health issues of particular concern to women[ ]  Advocate concerning health issues of particular concern to senior citizens[ ]  Advocate concerning children’s health issues[ ]  Representative of a nonprofit or local government rural community health organization[ ]  Representative of a nonprofit or local governmental community health organization other than a rural community health organization |

# Narrative Questions

1. Please tell us about the nominee, their experience, expertise and level of influence in relation to Wisconsin’s health needs (**required**)

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1. Why does your organization believe this individual will be an asset to the mission of the Advancing a Healthier Wisconsin Endowment as well as its public stewardship responsibility of the community funds? (**required**)

1. Provide examples of the nominee’s work or engagement with diverse communities (using a broad definition of diversity such as urban/rural communities, disability groups, veterans, gender, racial and ethnic populations, etc.) and commitment to health equity. (**required**)

1. Describe the nominee’s board governance experience. (**required**)

1. Describe the nominee’s experience with fund development and philanthropy. (**required**)

# Attachments (required)

Please upload a PDF of the nominee’s current resume/CV.

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Following submission, the nominator contact will receive an email confirmation of submission. In addition, the individual who is nominated will receive an email with notification that includes an additional demographic questionnaire as well as an opportunity to share further information about themselves.

