Wisconsin Educators Risk Management Cooperative
Risk Management Award Application

Introduction:

WERMC created the Risk Management Award to recognize advancement and innovation in the practice of leading the way in risk management for Wisconsin's Education Community.

This award is the pinnacle of outstanding performance by the safety/risk management team that have exemplified WERMC's mission to be leaders in a strong risk management framework, inspiring the team, and offering creative thinking to the risk management community. This commitment to risk management and safety should be visible throughout the entire district or CESA at all leadership levels.

Eligibility:

1. The Risk Management Award is open to all WERMC members.
2. Current WERMC Board Members are ineligible.

Award:

The winning team shall receive a plaque with each identified team member recognized with a Certificate. The district or CESA receives a $2,000 scholarship award sponsored by Community Insurance Corporation (CIC) to be used for risk management initiatives. The award winners may use the Award Logo on their printed and promotional materials.

Award Presentation:

The award will be presented to the member district or CESA recognized for excellence at WERMC's Annual Fall Members meeting.

Nominations:

Members may nominate their own district or CESA *or* be nominated by a peer *or* WERMC partner by completion of an application, available on the WERMC website, **www.wermc.org**

Application Deadline:

Applications will be accepted from January 15, 2025 - October 13th, 2025.

Risk Management Award Review Committee:

All applications will be evaluated by WERMC's Awards Committee and WERMC Board Members. The representatives have a diverse set of backgrounds, including Risk Managers, Finance, Human Resources, Business Officials, Risk Control, Facilities, and other skill sets.

Inquiries:

Please email all inquiries to: **dmolling@lacrossesd.org**

Wisconsin Educators Risk Management Cooperative (WERMC)
Risk Management Award Application

Date of Application: _____

Nominator's Contact Information:

Name: _____

Title: _____

Organization: _____

Phone Number: _____ Email Address: _____

Nominee Main Contact Information:

Name: _____

Title: _____

District: _____

Address: _____

Website: _____

Phone Number: _____ Email Address: _____

Additional Risk Management Team Members

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please provide details for each of the criteria listed below as it relates to Risk Management:

Leadership in the District or CESA

Leadership in the Profession/Professional Development

Staff Development/Training/Education/Communication

Problem Solving/Adaptability/Creativity/Implementation/Follow Through

To submit the completed application please click: **dmolling@lacrossesd.org**

Submit

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