

NOMINATION FORM FOR EMERITUS STATUS
SEDGWICK COUNTY EXTENSION MASTER GARDENER VOLUNTEER PROGRAM

Date: _____

Person being nominated: _____

Master Gardener Class of: _____ (Year)
(Must be in Active Status for a minimum of 10 years.)

Offices held in Master Gardener Program:

Committee / Event Chairmanships they have held in Master Gardener Program:

Please give 3 – 5 specific examples to illustrate how this person has demonstrated superior involvement and outstanding participation in the Master Gardener Program:

Person making nomination: _____ (Please Print)