

**NOMINATION FORM FOR
MELBA COMPTON VOLUNTEER OF THE YEAR AWARD
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 3 years.)

Examples of Leadership 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. Examples could include any hotline shifts worked / dedication to hotline, talks or presentations, special projects, and other outreach activities.

Please share any experience that you feel best exemplifies the nominee's service to the Master Gardener program.

Person making nomination: _____ (Please Print)