

MASTER GARDENER VOLUNTEER HOURS

Name:	Month & Date:
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RECERTIFICATION (EDUCATION) HOURS:

Includes Extension Training, Advanced Training, Field Trips, etc.

TYPE AND LOCATION OF TRAINING (Add Dates)	HOURS
Monthly Education Program (Crestview)	

OFFICE HOURS (UFL Contacts (Number, Name, etc. to Stacey))

OFFICE JOB	CONTACTS (Required)	HOURS
Home Visits *		
Office (phone, walk-ins, clerical) *		
Soil Tests *		

MG ACTIVITIES: Add activity to list as necessary

ACTIVITY	AUDIENCE/GROUP	CONTACTS(Required)	HOURS
Board-Related Work			
Extension Landscape			
Hospitality			
Intern Training			
MG Business Meeting			
Newsletter-Related Work			
Nursery			
Plant Clinic			

COMMUNITY/EDUCATION OUTREACH: Add activity to list as necessary

ACTIVITY	AUDIENCE/GROUP	CONTACTS(Required)	HOURS
4H/Youth			
Public Speaking (inc. research)			

* Completion of appropriate form required to Stacey.