

# Volunteer Activity Record

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Program:**  
check one

Master Gardener	Advanced Master Gardener
Continuing Master Gardener	Master Composter

Date	Diagnostic Lab/Triage	Extension Landscape	Project Description & Location	Project Start Time	Project End Time	Total Hours
Example		X		10:00 AM	1:00 PM	3.00
<b>Total Hours</b>						

**\*\*Tour attendance is NOT recorded on this form. Presentations see other side of form.**

# Volunteer Activity Record

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Program:**  
check one

Master Gardener	Advanced Master Gardener
Continuing Master Gardener	Master Composter

If you gave a presentation, complete the following information.

Date	Location	Topic Title	Prep Time (not > than 3 hrs.)	Talk Start Time	Talk End Time	Number of Contacts			
						Adult #	Youth #	Female #	Male #
Example	Eagle Library	Vermiculture	1.00 Hour	5:15 PM	5:45 PM	17	63	41	39
<b>Total Hours</b>									

*\*Tour attendance is NOT recorded on this form. Diagnostic lab, Extension landscape and projects see other side of form.*