

Volunteer Activity Record

Name: _____

Date: _____

Program:
check one

Master Gardener	Advanced Master Gardener
Continuing Master Gardener	Master Composter

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

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

Volunteer Activity Record

Name: _____

Date: _____

**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 (limit 3 hrs.)	Talk Start Time	Talk End Time	Number of Contacts			
						Adult Male #	Adult Female #	Youth Male #	Youth Female #
Example	Eagle Library	Vermiculture	1.00 Hour	5:15 PM	5:45 PM	17	63	41	39
Total Hours									

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