

Volunteer Report Form

Your Name

Please **print clearly** and include actual contact, travel, and preparation time.

Date	Volunteer Work Performed Or Training Attended	Location	Volunteer Hours*	Educational Hours**	No. Contacts

Hours are to be approved by Extension Master Gardener County Coordinator.

* **Volunteer Hours** : Time that you spent planning or providing an educational or service activity for the benefit of the community, while representing the Purdue Extension Master Gardener Program, including the business portion of the monthly Master Gardener Association meetings.

** **Educational Hours**: Time that you spent furthering your own education such as seminars, Purdue training sessions, and lectures (including speakers at monthly EMG meetings).