



Cornell University
Cooperative Extension
Erie County



2017 - 2018 MASTER GARDENER VOLUNTEER PROJECT REQUEST FORM

Please complete both sides of form. Use additional pages as needed.

Contact Information

Project Name or Title:

Event Date(s) or Timeframe:

(See question three on reverse for on-going projects.)

Contact Name:

Phone Number:

Email:

Address:

Sponsor Organization:

Affiliated Organizations:

MG Lead Volunteer Name:

Phone Number:

(Not necessary but please include if there is one.)

Email:

Project Description:

Mission or Goal for the Master Gardener volunteer portion of the Project:

Please describe the role the Master Gardeners would have in your project:

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21 South Grove St.
East Aurora, NY 14052
(716)652-5400

1. Who will be responsible for any required on-going maintenance once the goal(s) above are accomplished? Please describe. (Master Gardeners may only count maintenance service hours toward their annual volunteer service requirement when they maintain a site as a teaching garden that is utilized by Master Gardeners for educational purposes.)

2. Do you anticipate asking for the participation of MG Volunteers again in future years? Yes No
(If yes, we will note our files to follow-up with you to update your application for next year.)

Signature of Project Representative: _____ Date: _____

Send Completed Request Form to

By Email: Sharon Bachman (sin2@cornell.edu)
Or By Mail: CCE of Erie County Master Gardener Program; Attn: Vice President;
21 South Grove Street; East Aurora, NY 14052

For office use		Date
Received by		
CCE Office		
Projects Chairperson		
Reviewed by SC on		
Signature of Program Educator	_____	
Signed copy filed with office		

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