



Cornell University
Cooperative Extension
Erie County



2016 MASTER GARDENER VOLUNTEER PROJECT REQUEST FORM

Please complete both sides of form.

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 Sponsor Name:

Phone Number:

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

Email:

Project Description:

Mission or Goal 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. Does the Project require on-going maintenance? Yes No
2. If yes, are you requesting the Master Gardener Volunteers be involved in this on-going maintenance? Yes No
3. Do you anticipate asking for the participation of MG Volunteers again in the next calendar year? 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: Jerry Byrwa (gbyrwa@aol.com) and 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

Master Gardener Volunteers play an important role in educating the community in a wide range of gardening topics.

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

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