Master Gardener Extension Volunteer Educational Activity Report MG SPROUTS

(To be completed by committee chair or project coordinator only)

1. Program/Activity/Event Title: _____

2. Lecture Title(s): _____(if a presentation was given)

3. Location: _____

4. Activity Begin Date: _____Activity End Date: _____

5. Total Contacts Face to Face: _____

6. Target Audience Totals: Homeowner_____ Youth_____

	Male	Female
White		
Black		
Asian		
American Indian		
Pacific Islander		
Hispanic		

7. Audience Demographics (if known):

8. Supplemental Data:

a. Hours of instruction per participant (formal teaching time): _____

b. Number of sessions or classes taught: _____

c. Total length of program (teaching & non-teaching time): _____

d. Total adult volunteers participating in activity: _____

e. Total volunteer hours worked (all volunteer hours combined): _____

f. In-Kind support ($ value, if known): _____

g. Funds Donated ($ value, if any): _____

9. Sign-in volunteers involved with activity & hours worked (use back if more space is needed):

a. _____ Hours:____

b. _____ Hours:____

c. _____ Hours:____

d. _____ Hours:____

e. _____ Hours:____

f. _____ Hours:____

g. _____ Hours:____

h. _____ Hours:____

i. _____ Hours:____

j. _____ Hours:____

k. _____ Hours:____

l. _____ Hours:____

m. _____Hours:____

10. Items to include with form (check what you have included):

Publicity for the program i.e. copy of news articles, letters sent, promo brochures, etc.

Sign in sheets

Evaluation forms

Follow up articles or reports

Other supporting information _____

Comments that will be helpful in future programs (use back of form) Volunteer Sign-in & Hours worked on date: