



Master Gardener Extension Volunteer Educational Activity Report

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

I. BASIC INFORMATION

Program/Activity/Event Title: _____

Chair/Coordinator _____

Lecture Title(s): _____

(if a presentation was given)

Location: _____

Start Date: _____ End Date: _____

II. GENERAL CONTACT INFORMATION

Audience Demographics (if known):

	Male	Female
Asian		
Black or African American		
Native American Indian or Alaska Native		
Native Hawaiian or Other Pacific Islander		
Two or more races		
White		
Hispanic		
TOTAL		

Audience Totals	
Youth	
Homeowner	
Total Contacts Face-to-Face	

Phone Contacts	
Written Contacts	

III. PROGRAM LENGTHS

Hours of instruction per participant (formal teaching time):	
Number of sessions or classes taught	
Total length of program (teaching & non-teaching time)	
Total adult volunteers participating in activity	
Total volunteer hours worked (all volunteer hours combined)	



Any County Cooperative Extension
123 Main Street
Your Town, Ga 30000

IV. VALUE AND COMMENTS

In-Kind support (\$ value, if known):	Funds Donated (\$ value, if any):

Comments:

V. Volunteers involved with activity & hours worked (use another sheet if more space is needed):

NAME	HOURS	NAME	HOURS

Return to Extension office a copy of this EAR form and any of the following (check what you have included):

- Publicity for the program i.e. copy of news articles, letters sent, promo brochures, etc.
- Sign-in sheet
- Evaluation forms
- Copies of materials distributed
- Follow up articles or reports
- Other supporting information _____
- Comments that will be helpful in future programs

****For Office Use Only:**

_____ Entered in MGLOG on ___/___/___

_____ Entered in Georgia Counts on ___/___/___