MASTER GARDENER VOLUNTEER ACTIVITY LOG

Months_____ Year _____ County _____

First Name_____ Last Name_____

(please do not combine different years on the same log)

PLEASE TOTAL YOUR HOURS HERE →

Total Hours by Activity Code			
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. Continuing or advanced training hours _____			

VOLUNTEER HOURS LOG

Date	Activity Code #	Hours Worked	Brief Description of Volunteer Activity	# of youths reached	Number of Contacts by Race and Gender (See instructions on back)													(for MG's personal use only) Miles Traveled
					Unknown	White		AfAmer/ Black		Asian/ Pacific Is.		Hispanic		Native Amer.		Undeter-mined		
						M	F	M	F	M	F	M	F	M	F	M	F	
	Total Hours Worked		**Total Contacts**															

EDUCATION LOG (Code 13)

Date	Hours Learning	Brief Description of Continuing Education Activity	Date	Hours Learning	Brief Description of Continuing Education Activity

It is the policy of MD Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, gender, disability, religion, age, or national origin.