



The University of Georgia

Cooperative Extension

Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

DEKALB MASTER GARDENER ASSIGNMENT/RESULTS FORM

Volunteer Names (list all involved): _____

Contact Information (for lead volunteer):

Phone Number: _____ E-mail: _____

Type of Event/Activity Assigned (describe in detail): _____

Location of Event/Activity (be specific): _____

Date Assigned: _____ Date Completed: _____

Main Contact or Partner for this event (list name and contact information):

Required Resources needed (if any) to complete this assignment (i.e., extension tiller or hand tools, slide projector, slides and script, literature, etc.): _____

REPORT OF END RESULTS:

Number of Contacts: _____

Job was completed satisfactorily? Yes or No Any Comments? _____

If not, why not? _____

Any problems: (i.e., equipment, clients, volunteer issues, etc.) _____

To be filled out by Activity Leader or County MG Coordinator with input from the leader as soon as the event or activity is completed.

NOTE: This form will be kept on file as a record of the activity and the results.

Developed by: A. Bonsall and G.R. Peiffer, March, 2009



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