

# NAME EMAIL ADDRESS PHONE COUNTY

OFFICE USE

DATE RCVD

**Name you would like on your OSU MG Badge (PRINT):**

|  |  |  |
| --- | --- | --- |
| **VOLUNTEER HOURS** | |  |
| **TOTAL**  **OSU MG Program Activity Hours** | **TOTAL**  **Partner Activity Hours** | **TOTAL**  **Pounds of Produce Donated (Optional)** |
|  |  |  |

**Interns - 40 Total Hours required** (of which at least 20 should be OSU MG Program Activities)

**PROGRAM ACTIVITIES:** Describes Master Gardeners volunteering on behalf of OSU Extension at pre-approved Metro MG program activities only: Remote Helpline, Office Helpline, Farmers’ Market Clinics, Garden Educators (Speakers’ Guild and 10-Minute University), and may also include OSU Metro MG program designated garden shows, fairs, and other MG clinic table events.

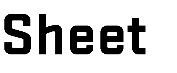
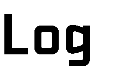
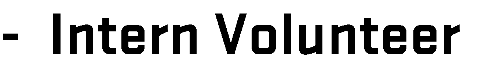
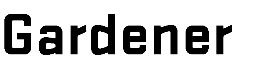
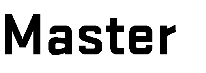
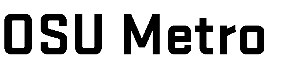
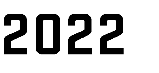
**PARTNER ACTIVITIES:** Describes ALL other educational or support activities designated and pre-approved by the OSU Metro MG program that support or enhance the OSU Metro MG program.

**POUNDS OF PRODUCE DONATED (OPTIONAL):** Produce donated from your private garden or community garden to area food banks.

**NON-QUALIFYING HOURS:** Services that are not pre-approved by the OSU Metro MG Program. Including those that are performed on behalf of another organization, attendance at training/classes/workshops, or activities where you receive pay.

**ATTACH COMPLETED LOG SHEET**

Keep this log for your personal records. You will receive information in September on how to submit your hours. Submit hours by Sept. 30, 2022



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| --- | --- | --- | --- | --- |
| **Date** | **Volunteer Project or Activity Description and Location** | **MG Program Activity Hours** | **Partner Activity Hours** | **Pounds of Produce Donated (optional)** |
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|  | **Add subtotals from *all* volunteer log pages & transfer *totals* to front page →** |  |  |  |