

# Shelby County Master Gardener Association



## VOLUNTEER PROJECT APPLICATION

1. Date of Project Submission: \_\_\_\_\_

2. Name of your organization: \_\_\_\_\_

3. Contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

4. Describe your organization and the purpose of the project

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe the educational component of this project. (e.g. training, consultation, presentation, instruction)

\_\_\_\_\_

\_\_\_\_\_

6. What specifically do you wish the Master Gardeners to do for you? Be brief but thorough in your request.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is/are the date/s of your project? \_\_\_\_\_

8. How many Master Gardeners do you think you will require? \_\_\_\_\_

9. How many individuals from your organization do you estimate will be involved with carrying out this project? \_\_\_\_\_

10. Explain the impact you think this project will have on the community and estimate the number of people you think will benefit from it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Will you have the necessary materials or will you need assistance in acquiring/developing materials? \_\_\_\_\_



# Shelby County Master Gardener Association



## COMPLETED PROJECT SUMMARY

<b>Project Name:</b>	
<b>Dates of Project:</b>	
<b>SCMGA Project Chair &amp; SCMGA Participants:</b>	
<b>Project Contact Information:</b>	<i>Name:</i> <i>Address:</i> <i>Phone:</i> <i>Email:</i>
<b>Estimated Total SCMGA Volunteer Hours:</b>	
<b>Description of SCMGA Volunteer Activities:</b>	
<b>Results/Recommendations:</b>	
<b>Form Completed by:</b> <b>Date:</b>	

