

Louisiana Master Gardener™ Extension Volunteer Program
Reporting Form for Continuing Education & Volunteer Service



Name: _____

Telephone Number: (_____) _____ - _____

Type of Service: Continuing Education

Impact: _____

Date Completed: (month-day-year) _____
(Select the date you completed your service. Please note that only submissions for the current year are acceptable.)

Number of CE Hours: _____

Mileage Driven: _____

Unreimbursed Expenses: \$ _____

Type of Service: Volunteer Service

Activity:

- | | |
|---|---|
| <input type="radio"/> 4-H & JMG Program | <input type="radio"/> Horticultural Therapy |
| <input type="radio"/> Advanced LMG Program | <input type="radio"/> LMG Class--Instruction & Organization |
| <input type="radio"/> Answer E-mail | <input type="radio"/> LMG Newsletter |
| <input type="radio"/> Answer Telephone Calls | <input type="radio"/> LMG Office Client Consultation |
| <input type="radio"/> Civic & Community Event | <input type="radio"/> LMG Parish Program |
| <input type="radio"/> Civic & Community Landscaping | <input type="radio"/> Mass Media |
| <input type="radio"/> Community Vegetable Gardens | <input type="radio"/> Plant Health Care Clinic |
| <input type="radio"/> Continuing Education | <input type="radio"/> Plant Sale |
| <input type="radio"/> Demonstration Garden & Field Day | <input type="radio"/> Plant-A-Row & Food Bank |
| <input type="radio"/> Garden Show | <input type="radio"/> School Gardens K-12 |
| <input type="radio"/> Garden Tour | <input type="radio"/> School Programs K-12 |
| <input type="radio"/> Group Presentation/Speaker's Bureau | <input type="radio"/> State Advisory Council |
| <input type="radio"/> Habitat for Humanity | <input type="radio"/> State Conference |
| <input type="radio"/> Home Visit | <input type="radio"/> Website Maintenance |

(Select the activity that you feel best matches your service. If you think that none of the activities in the list match your service, contact Bob Souvestre, and he will assist you in selecting the best activity to match your service.)

Impact: _____

Date Completed: (month-day-year) _____
(Select the date you completed your service. Please note that only submissions for the current year are acceptable.)

Number of Hours: _____

Total Number of People Reached: _____

Number of those who were Youth: _____

Number of those who were Adults: _____

Ethnic Groups Reached: (optional)

Number of African Americans: _____

Number of Asians: _____

Number of Caucasians: _____

Number of Hispanics: _____

Number of Native Americans: _____

Mileage Driven: _____

Unreimbursed Expenses: \$ _____