



Master Gardener Volunteer Hours

FIRST NAME: _____ LAST NAME: _____

COUNTY: ☐ Schoharie
☐ Otsego

STATUS: ☐ MG Apprentice
☐ MG Volunteer

DATE	HOURS	PROJECT	DESCRIPTION
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		<input type="radio"/> Monthly Meeting <input type="radio"/> Education/Outreach <input type="radio"/> Professional Dev. <input type="radio"/> Grounds <input type="radio"/> Fundraising <input type="radio"/> Helpline	
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Cornell Cooperative Extension provides equal program and employment opportunities.

