UNIVERSITY OF MISSOURI
MU Extension

Master Gardener Service Record

Name _____

Date	Project Code*	Location & Description of Service	Hours			Number of Contacts**					
			Vol	Required Ed	Adv Training		W	AA	H	A	NA
xx/xx	4	**Example** Gardening class – Perennial Gardening	20			**F** 10	8	1	1		
						M 4	3			1	
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***Project codes:**

Community, school and/or church landscapes/gardens	1	MG advanced training	23
Demonstration Gardens	16	MG education (six hour annual requirement)	14
General public assistance (shows, research to answer questions)	21	MG garden tour/plant sale	24
Hort Line	9	Teaching & prep time (garden classes, speakers, Level I)	4
MG admin (gen mtg, steering committee, marketing, newsletter)	2		

****Contact codes, list race/ethnicity for each gender:**

F = Female
M = Male
W = White
AA = African American
H = Hispanic
A = Asian
NA = Native American