PROJECT REQUEST FORM

The mission of the Oregon State University Extension Service Master Gardeners™ is to provide educational information and programs on sustainable horticulture through trained and certified volunteers. This may include home vegetable and fruit gardening, lawn and landscape maintenance, pest control, and associated topics.

Project Request Information:

Contact name________________________________ Phone # _______________________

Project name ________________________________________________________________

Type of project

_____Garden planning  _____Community beautification  _____School Outreach

_____Plant Sale  _____Garden Tour  _____Other

How many MGs are needed?_____ Number of people involved from your project?_______

What expertise are you looking for? _____________________________________________

_____________________________________________________________________________

How long will MGs be needed?

Start date_________ End date_________ Times_____________________________________

Briefly describe your project:
How will MGs fit into their role as educators in your project? (See mission statement on page one.)

What role do representatives from your organization play in supporting the success of this project?

How many people do you expect to be impacted by this project/event?

Project address or location and map:

If there are costs associated with the completion of this project, how will you fund them?

If this project requires any special tools or props, it is understood that the project organizers are to provide them. Master Gardeners are not expected to operate machinery or carry loads over 30 lbs.

Master Gardeners™ are volunteers of OSU Extension Service and are 'at-will' volunteers. They represent OSU at all times during their time with your organization. At NO TIME will Master Gardeners be asked to perform duties other that those outlined on this form.

Signature of person submitting form:

___________________________________________________  __________________Date______________________________

Title or position:  __________________________________________

Return form to: President, LCMGA, c/o OSU Extension Service Master Gardener Program, 29 SE 2nd Street, Newport, OR 97365 or fax 541-265-3887.

Returning this form does not guarantee acceptance of the project. Some projects do not fit the educational criteria or schedules may be full at this time. Call 541-574-6537 x17 for more information.

For Office Use Only:    ACCEPT__________  DECLINE__________  DATE:______________  INITIALS______________