PROJECT REQUEST FORM

The mission of the Oregon State University Extension Service Master Gardeners™ is to provide research based educational information and programs and public outreach on sustainable home horticulture through trained and certified volunteers.

Project Request Information:

Contact name___________________________ Phone # _______________________
Project name___________________________ Email ____________________________

Type of project
____Garden planning ______ Community beautification ______ School Outreach
____ Instruction ______ Educational topic/presentation ______ 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_______________________________

Describe your project:

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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 than those outlined on this form.*

Signature of person submitting form: ____________________________________________ Date ____________________________

Title or position: ______________________________________________________________________________________

Return form to: **Master Gardener Program Coordinator, OSU Lincoln County Extension Service, 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 x20 for more information.

For Office Use Only: ACCEPT DECLINE DATE: _______________ INITIALS _______________

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