

**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

Activity:

- 4-H and Other Youth Activities
- Civic and Community Activities
- Extension Activities
- LMG Teaching Activities
- Meetings – Business and Administrative
- Continuing Education

(Select the activity that you feel best matches your service. Please see the “Explanations for LMG Volunteer Activities” PDF file on the LMG Website for more information.)

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: \$ _____