UF | IFAS Extension
UNIVERSITY of FLORIDA

FLORIDA MASTER GARDENER VOLUNTEER

# MASTER GARDENER VOLUNTEER REMOTE CONTACT

Master Gardener Volunteer_____ Date_____

Phone transfer from_____ Time_____

Client Information

Name_____ Phone_____

Address_____

Email_____

First time contact Yes ☐ No ☐

Reason for Contact _____

_____

_____

_____

Recommendation_____

_____

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Publications/Links given_____

_____

Are further actions required?_____

_____

When completed, email form to mastergardener@myokaloosa.com