

# NDSU Extension Volunteer Hours Reporting Form

Name \_\_\_\_\_ Home County \_\_\_\_\_ Hours for (circle one): INTERN CERTIFIED

Please note any change in phone, email, or mailing address: \_\_\_\_\_

I would NOT like recertification via US mail (you will be notified via email that recertification is complete)

Report hours through October 1 sending forms by October 15 each year. Meet 20 hour EMG minimum to maintain active status.

By submitting this document I verify that I completed the volunteer work above.

Scan or photograph and email to:  
Shannon.Ueker@ndsu.edu

OR

US mail to: NDSU Extension Master Gardener  
Dept 7670, PO Box 6050  
Fargo, ND 58108