MASTER GARDENER VOLUNTEER CARE TO SHARE FORM

This form has been designed to provide valuable input to Wisconsin Master Gardener program. Once completed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including contact information) must be completed. ***Incomplete forms will be disregarded.***

SECTION #1: Describe the current situation:

SECTION #2: Describe the problem with the current situation:

OVER

SECTION #3: Give your suggestion(s) for a possible solution:

What steps have you taken personally to address the situation?

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Please Print:

Name of person completing form:_____

Address of person completing form:_____

Phone number of person completing form: _____

E-mail address of person completing form:_____

SIGNATURE:_____ DATE:_____

Please return completed forms to:

Master Gardener Volunteer Program
Kenosha County UW-Extension
19600 75th Street, Suite 2
Bristol, WI 53104

OR

Master Gardener Volunteer Program
Racine County UW-Extension
209 North Main Street
Burlington, WI 53105

UW Extension
University of Wisconsin-Extension

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