

Michigan MASTER GARDENER VOLUNTEER PROGRAM Policy Statement

I have read and understand the Michigan State University Extension Master Gardener Volunteer policy statement and standards of behavior outlined above. I agree to comply with the guidelines and fulfill the commitments required. I also understand that failure to comply with the above guidelines and policies may result in expulsion from the program at the discretion of the supervisory extension agent.

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime phone: (____) _____

****Signature:** _____ **Date:** _____

****Please *sign* this page and return it to your county Master Gardener Volunteer Coordinator.**