

Your Name :

TENNESSEE MASTER GARDENER VOLUNTEER PROJECT EVALUATION

Project Name: _____

Description: _____

Starting Date: _____

Duration: _____

Average attendance on Workdays: _____

Cost of Projects to Master Gardeners: _____

Source of Funding: _____

Special tools and Equipment Needed: _____

1. Please describe the joys of this year's work on your project:

2. Describe any problems or frustrations you had and possible solutions with your host organization:

3. With you committee members do you have enough, too many, no-shows:

4. Suggestions or recommendations for next year:

5. Would you be willing to serve as chair next year?

6. What impact has this project had on you and the community?
