

# Volunteer Activity Highlights

## Master Gardeners of Stark County, Ohio

Program Year: \_\_\_\_\_

Activity Title: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Activity Location: \_\_\_\_\_

MG Activity Leader(s): \_\_\_\_\_

Impacts & Highlights:

*(Provide details in the space below of the activity or program you facilitated, including **date(s) and time(s)** the activity took place, **how many MG volunteers served**, **what the activity was**, and about **how many people participated from the general public**. In addition, list the **types of educational materials or information that was shared** (e.g., factsheets, point presentation, hands-on guidance, etc.). If you have examples of information shared, feel free to attach them to this document.)*

Send completed Activity Highlights Form to: Maureen E. Austin  
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