



Comal Master Gardener

Application for Approval of Volunteer Hours

for Non-Approved Projects

(to be submitted prior to the activity performed)

Name: _____ Contact Phone Number: _____
(CMG requesting approval)

Location (where volunteer hours will be performed): _____

Requested by: _____ of _____
(name of person requesting help) (organization)

Comments: _____

_____ Approved _____
(date)

_____ Denied _____
(date)