



Request for Master Gardener Consultant

School Name _____ Date _____

School Address _____ City _____ Zip _____

School Phone _____ District _____

Contact Person _____ Position _____

Phone number _____ Best time to call _____

Email _____

Are you starting a garden or need help with an existing garden? _____

What are your goals for the garden? _____

What age are your students? _____

What space is available for the garden? _____

What resources are available to you? _____

Do you have irrigation? _____

What support do you have already at your school? _____

What organizations can you partner with? (Boy/Girl Scouts, 4-H, Valley Beautiful, etc.)

Has funding been secured? _____

Have you applied for a grant? _____

What assistance would you like from Master Gardener Volunteers? _____

Return complete form to:

**UCCE Master Gardener Program,
UCCE Riverside County
21150 Box Springs Road, Suite 202,
Moreno Valley, Ca. 92557**