



**Montana State University
Flathead County
Master Gardener Community Service Contract**



Name _____

Location of Community Service Project:

Activity to be performed:

Supervisor and contact phone number:

Hours and/or dates of service anticipated:

Master Gardener Signature: _____

Approved by: _____

Date: _____

The U.S. Department of Agriculture (USDA), Montana State University and the Montana State University Extension Service prohibit discrimination in all of their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status.