



MASTER COMPOSTER REPORT OF VOLUNTEER HOURS

MC Candidate Name: _____

Community Coordinator: _____

Date of Volunteer Activity	# Hours Volunteered	Description of Activity (e.g., Workshop, Demonstration) & Location	Signature of event volunteer coordinator or someone who can approve the time spent volunteering

NOTE: All activities must involve public education about composting practices. See 'Standards for Becoming a Master Composter' handout. Upon completion of the 20 hours of volunteer activity within one year of the initial classroom training, please send this form to your local community coordinator so they can send in your application to become a Master Composter.