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**IFAS EXTENSION**

**ANNUAL VOLUNTEER AGREEMENT  
INDIAN RIVER COUNTY MASTER GARDENER PROGRAM**

I have read and agree to comply with the State policies regarding my services as a Master Gardener volunteer.

I agree to provide 35 hours of service including at least 6 hours of training to the Indian River County Master Gardener Program during the next 12 month period.

In addition, I am aware there is a due process procedure available to me if I feel I have been wrongfully charged with a violation of program standards.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Extension Agent

\_\_\_\_\_  
Date