OHIO STATE UNIVERSITY EXTENSION

OHIO STATE UNIVERSITY EXTENSION MASTER GARDENER VOLUNTEER IN-STATE TRANSFER REQUEST FORM



The County to which the MGV is transferring initiates this form and the transferring MGV is responsible for its completion.

Name:						
	(First)	(Middle)		(Last)		
Address:						
	(Street)		(City)		(Zip)	
Phone:	Day: ()		Eve: ()		
Email:						
Name of C	ounty MGV presen	itly resides (home county) a	nd MGV Coor	dinator's nar	ne and email address:	
Name of C	ounty to which MC	GV is transferring (new cour	nty) and MGV	Coordinator'	s name and email address	s:
Your reaso	on for transferring					
	nty completes the		Date of last BC	l renort:		
		ours:				
Total num	ber of continuing e	ducation hours:				
Any comm	ents on this MGV:					
records. P	lease provide the r	ccepts this transfer and has new county with a copy of t	he MGV appli			nty
Home Cou	nty Coordinator's s	ignature and date:				
Communic application		ounty Coordinator; creates home county. Adds MGV t				going
New Coun	ty Coordinator's sig	gnature and date:				
Transferrir	na MGV's sianature	e and date:				

