



**South Carolina Master Naturalist Program
Activity Report**

Name _____
 Where did you do your initial Master Naturalist training? _____
 Are you affiliated with a chapter and if so, which one? _____

I. Volunteer Hours- count travel (>30 minutes, no more than 1 hr. for each activity) and preparation time.		
A. SCMN program service		
Date	Activity & Location	Hrs
B. Ecological Services: Enhancement/Development		
Date	Activity & Location	Hrs
C. Citizen Science: Field/ Research/Surveys		
Date	Activity & Location	Hrs
D. Education/Interpretation		
Date	Activity & Location	Hrs
II. ADVANCED TRAINING – do NOT count travel time.		
Date	Activity & Location, Sponsor/Instructor	Hrs

Volunteer projects should fit into one of the four categories (A-D) listed above. The State office retains the right of refusal of certain projects if they are deemed exploitative or inappropriate. If you're unsure of whether your project fits into one of these categories, please email: naturalist@clermson.edu.

See the Advanced Training guidelines form for training that qualifies.

Please return this form to:

BY MAIL:

Karen C. Hall, Ph.D.
South Carolina Master Naturalist Program
Dept. of Forestry and Natural Resources
261 Lehotsky Hall
Clemson, SC 29630

BY FAX:

864-656-3304 (Attn.: Karen Hall)

BY EMAIL:

carlson@clermson.edu

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Clemson University Cooperating with U.S. Department of Agriculture, South Carolina Counties, Extension Service, Clemson, S.C. Issued in Furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of May 8 and June 30, 1914.