

CARE TO SHARE FORM

Background:

Developing a system for communication / documentation is absolutely critical to the health and wellbeing of any organization. In order to provide a systemized approach to communication / documentation in the Wisconsin Master Gardener program, the Care to Share form was developed as a simple tool that could be used by members, volunteers, and the general public. When properly used, a communication / documentation tool like the “Care to Share” form allows University of Wisconsin-Extension professionals to provide proper oversight of the program while remaining neutral in personal disputes in order to foster positive relationships with all involved. It is important to remember that the “Care to Share” form is just a communication / documentation tool and it does not replace other methods.

It is also important to note that when a USDA , a University of Wisconsin-Extension or a Wisconsin Master Gardener policy is violated, the UW-Extension professional is required to take action and render a decision regardless of how this violation is reported.

Use of the Care to Share Form

When members, volunteers, or the general public has expressed an idea, opinion, suggestion or concern regarding the Wisconsin Master Gardener program, they should be encouraged to complete the “Care to Share” form to clearly document their thoughts or feelings. Copies of completed forms should then be distributed to the most appropriate group or individual for their consideration. Original forms should be kept on file at the UW-Extension office.

For more Information

If you have any questions about the appropriate use of the “Care to Share” form, please contact the Wisconsin Master Gardener program office



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CARE TO SHARE FORM

This form has been designed to provide valuable input to Wisconsin Master Gardener program. Once completed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including contact information) must be completed. ***Incomplete forms will be disregarded.***

SECTION #1: Describe the current situation:

SECTION #2: Describe the problem with the current situation:

OVER

SECTION #3: Give your suggestion(s) for a possible solution:

What steps have you taken personally to address the situation?

Please Print:

Name of person completing form:

Address of person completing form:

Phone number of person completing form:

E-mail address of person completing form:

SIGNATURE: _____

DATE: _____

Please return completed forms to your county UW-Extension Office.



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