



Documentation of Public Service Credits

Midwest Master Beekeeper Program

(to be completed with assistance from Master Beekeeper Program candidate and signed by representative of the organization sponsoring or hosting the event)

Candidate name: _____

Rank testing for: Journeyman Junior Master Master Trainer Certified Master

Candidate should retain completed form to submit four weeks prior to exam day.

On this date, _____, _____ (name), a candidate for advancement in the Midwest Master Beekeeper Program, provided or completed an act of public service that covered the following subject matter related to beekeeping, honey bee pollination or honey production (check all applicable areas):

- | | |
|--|---|
| <input type="checkbox"/> Presenting a bee-related lecture or workshop to a nonbeekeeping group | <input type="checkbox"/> Providing a hive of bees to pollinate a public garden |
| <input type="checkbox"/> Holding office in a local beekeeping association | <input type="checkbox"/> Establishing and maintaining an observation hive for a school or civic group |
| <input type="checkbox"/> Assisting members of a youth organization with project work | <input type="checkbox"/> Becoming an expert contact on bee-related questions for an MU Extension county office (see Appendix A) |
| <input type="checkbox"/> Mentoring a new beekeeper through at least one complete season | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Presenting a public demonstration on a beekeeping topic at a fair, festival or similar public event | |

Organization: _____ Date: _____

Name of event: _____

Estimated number of participants: _____

General description of event:

Representative or witness

Printed name and title: _____

Signature: _____

Contact information (phone and/or email): _____