

NYS Master Forest Owner/COVERTS Program

MFO Name: _____

Background and Visit Summary Information Form

Date visit completed: _____

Background - (MFO Volunteer asks forestowner these questions.) **1. Forest Owner:** _____

2. Address _____ **Phone:** _____

3. Size and location of your forest or undeveloped rural land:

Acres: (total not farmed) _____ **Town:** _____ **County:** _____

4. Number of years you have owned forest land: _____

5. Why do you own forest land? (Please rank the top 3 reasons, 1 = most important):

___ Hunting ___ Firewood ___ Sawtimber ___ Recreation ___ Nature Appreciation ___ Privacy/Rural ___ Other

6. Are you a member of or work with: ___ Cornell Cooperative Extension ___ NYFOA
___ Natural Resources Conservation Service ___ DEC Forester ___ Consulting Forester ___ Industry Forester

6. Do you have a management plan for your forest land? ___ No ___ Yes, a written plan ___ Yes, not written

7. How did you first learn of the MFO program? ___

Visit Summary – this part completed by the MFO: Time of arrival: _____ concluded: _____ Round trip mileage: _____

Relation of Forest Owner to you: (friend, neighbor, referral {by whom}) _____

8. a) Briefly describe what you and the forest owner did while on the visit. Please include your responses to specific requests.

b) Printed or other material you gave the forest owner.

9. General or specific activities forest owner anticipates accomplishing as a result of your visit (reading, consultation, management activity, etc.):

<u>Task</u>	<u>Approx. Date</u>
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10. Your next planned interaction with forest owner (phone call, visit, information promised, etc.) ___ none planned

Plans:	<u>Interaction & Topic</u>	<u>Date & Time</u>
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