



Cooperative Extension of Monmouth County
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732-431-7263 4-H
732-431-7261 ARMA
732-431-7271 FCHS
732-303-7614 Master Gardeners
Fax: 732-409-4813

**2010 ENROLLMENT APPLICATION
MONMOUTH COUNTY MASTER GARDENER PROGRAM**

Enrollment is limited. Please return application no later than Monday, January 4, 2010.

Please Print Clearly

Name _____

Nick Name, if applicable (ie Jim for James, for nametags) _____

Address _____

City _____ Zip Code _____

Home Phone _____

Other Phone _____

E-Mail Address _____

Why are you interested in becoming a RCE Master Gardener volunteer? _____

What type of volunteer projects would you like to get involved in as a Master Gardener?

Briefly describe your interest, experience, and/or training in gardening/horticulture _____

What aspects of gardening would you like to learn more about? _____

Do you presently belong to a garden club/plant society/environmental group? If yes, please name:

Please list and describe your roll in any organizations, such as Rotary, PTA, scouting, etc. that you may be affiliated with, and/or other past volunteer activity:

Are you a commercial horticulturist, landscaper, professional gardener, etc.? _____

Please list your occupation and any skills in non-horticultural areas (writing, computers, graphics, photography, etc.) that might be relevant to your volunteer activities:

Please indicate what days and times you would be available to volunteer:

Weekday Mornings _____ Weekday Afternoons _____ Weekends _____

Classes will be held Tuesdays and Thursdays (some Fridays) from 9:30 a.m. to 12:30 p.m., from February until May. Afterwards, 20 hours of Helpline volunteer time will be weekdays between 9:00 am and 4:00 pm. Do you anticipate any circumstances (vacations, work commitments, etc.) that would keep you from attending all classes, fulfilling the minimum volunteer commitments, or participating in other volunteer activities? Yes _____ No _____ If Yes, please explain _____

Upon acceptance into the Master Gardener program, I understand that class attendance is expected, and agree to satisfactorily complete all training sessions, exams, and field trips. I understand that once the classes are successfully completed, I am expected to volunteer 60 hours in Rutgers Cooperative Extension programs within the first year to become certified as a Master Gardener. I also understand that **upon acceptance**, I will submit a non-refundable fee of \$250.00, to be used toward program costs, including educational and laboratory materials. PLEASE DO NOT SEND MONEY NOW.

Signature _____

Date _____

In an emergency, please notify: Name _____
Phone _____ Relationship _____

Please note that class size is very limited, so it is required that this application is **received** at the address listed on the front page no later than January 3, 2010.

Office Use: Date Rcvd _____ Accepted - Y N \$200 fee paid date _____



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