



Cooperative Extension of Monmouth County  
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x7264  
x7261  
x7271  
732-303-7614  
732-409-4813

Main Number  
4-H  
ARMA  
FCHS  
Master Gardeners  
FAX

**2015 ENROLLMENT APPLICATION  
MONMOUTH COUNTY MASTER GARDENER PROGRAM**

Enrollment is limited. Please return application no later than Monday, January 5, 2015.  
**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:

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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:

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

Weekday Mornings \_\_\_\_\_ Weekday Afternoons \_\_\_\_\_ Weekends \_\_\_\_\_

Classes will be held Tuesdays and Thursdays 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 \_\_\_\_\_

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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.

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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 5, 2015.

Office Use: Date Rcvd _____ Accepted - Y N \$250 fee paid date _____
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