

Autumn, 2015

Dear Master Gardener Applicant,

Thank you for your interest in attending next year's Monmouth County Master Gardener program. Enclosed please find an application for entry into the program. Please take your time filling out the application, be as complete as possible, and make sure you include as much pertinent information about yourself and your vision of your role as a potential Master Gardener as possible.

Classes will be held Tuesday and Thursday mornings, from 9:30 am to 12:30 pm, starting Thursday, February 18, 2016, and going into May. ***Your attendance at all classes is mandatory.*** Most classes will be held in the Agriculture Building in Freehold, however 4 of the classes will be held at Deep Cut Park in Middletown. After the classes are complete, you would be required to volunteer back the 60 hours of class time in horticulturally related methods. At least 20 of these hours must be spent on a 'horticulture helpline', answering gardening questions from the public. Since the helpline is located in the Freehold office, and is only open weekdays from 9:00 am to 4:00 pm, it is expected that you will fulfill this obligation in its entirety by November 1, 2016. If your current situation or schedule will not allow you to attend all of the classes and complete the 60 hours of volunteer time, please know that this program will be ongoing yearly, therefore you should reconsider applying until your schedule clears up in the future.

Applicant review will not begin until the first week of January, and you will be notified by mail only of your status in next year's program. Please do not contact our office, as we will be unable to offer any information on your status.

Best of luck, and thank you again for your enthusiasm and interest in the Master Gardener program!

Sincerely,

Diane Larson
Extension Horticulturist



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732-431-7260
x7264
x7261
x7271
732-303-7614
732-409-4813

Main Number
4-H
ARMA
FCHS
Master Gardeners
FAX

**2016 ENROLLMENT APPLICATION
MONMOUTH COUNTY MASTER GARDENER PROGRAM**

Enrollment is limited. Please return application no later than Monday, January 4, 2016
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 role 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 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 4, 2016.

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