I wish to become a participant in the Rutgers Master Gardener training program and would like to be accepted for the next class. I understand that upon successful completion of the training, I must perform the required 70 hours of volunteer service (including 10 hours on the Rutgers Garden Helpline) within the expected two-year time frame to attain the title of Rutgers Certified Master Gardener. I understand that class schedules may vary. Tuition for the entire program is $250.00. I understand that this is a volunteer opportunity. I may jeopardize my completion of the program if I miss more than four classes.

Classes meet Thursdays 9:15am to 12:30pm
Preakness Healthcare Center
305 Oldham Road, Wayne, NJ (second floor)
Classes will start September 10, 2015 and continue through May 2016

NAME: ______________________________________________________________________________
ADDRESS: ___________________________________________________________________________
CITY, STATE, ZIP: ___________________________________ COUNTY: ___________________
PHONE (H) : _______________________________ (CELL PHONE): __________________________
FAX: ___________________________________ E – MAIL: ___________________________________

Please complete the following:
1. Briefly describe your interest, experience and/or training in gardening _____________________
   __________________________________________________________________________________

2. Please describe your level of expertise in gardening and horticulture:
   ____ Beginner ____ Intermediate ____ Advanced _____ Expert

3. Why do you wish to become a Rutgers Cooperative Extension (RCE) Master Gardener volunteer?
   __________________________________________________________________________________

4. Do you belong to a garden club, plant society or environmental group? If so, which ones?
   __________________________________________________________________________________

5. Please list past volunteer experiences, community or civic activities, positions held, and dates.
   __________________________________________________________________________________

6. Please list your occupation and any skills in non-horticultural areas (writing, computers, graphics, art or photography, etc.) that might be relevant to your volunteer activities:
   __________________________________________________________________________________
7. Do you anticipate any circumstances that would keep you from attending class, fulfilling the minimum volunteer obligation or participating in other volunteer activities? Yes____ No___ If so, please describe here:
______________________________________________________________________________________

8. Are you a commercial horticulturist (landscaper, etc.) Yes____ No ____

9. Do you have a driver’s license and access to an automobile? Yes _____ No _____

10. Your volunteer time may be needed during the day, evenings or weekends. What times would be most convenient for you?

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 - 1</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>1 – 4:30</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>7 – 9</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

11. Indicate by check mark which of these activities you may be interested in as a Rutgers Master Gardener:

- __Master Gardener Helpline
- __Executive Board
- __Fundraising/plant sale
- __Instruction
- __Disease or Insect I.D.
- __Special Events
- __Hospitality
- __Phone Chain
- __Speakers Bureau
- __Clerical
- __ Beautification Project
- __Publicity and Promotion
- __Plant/Weed I.D.
- __Newsletter
- __Membership drive
- __Tours
- __Children's’ programs
- __Developing a demonstration garden
- __Other (please specify) _________________________________________________

12. Please list three (3) references and phone numbers.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Applicant’s signature __________________________________________ Date_________________

Return completed application, along with your check for $250.00 made payable to Rutgers, The State University by August 21, 2015.

Mail to:
Jo-Ann Pituch
Rutgers Cooperative Extension of Passaic County
1310 Route 23 North
Wayne NJ 07470

Space is limited so applications will be considered on a first come, first served basis. You may be interviewed before the beginning of the class. A minimum of fifteen students is necessary for the class to be held. Thank you for your interest in our volunteer Rutgers Master Gardener program.