



Dear Interested Gardener,

Thank you for your interest in the Certified Gardener program. The Gloucester County Office of Land Preservation will be facilitating a "Gloucester County Certified Gardener Program". This new group has been created to assist county residents with lawn and gardening questions, teach gardening to youth and adults and assisting the county, municipalities and local organizations with community beautification projects.

Certified Gardeners will be trained by leaders in the Horticultural Industry. If you have an interest in gardening and volunteering this program is for you. Both beginners and experienced gardeners will gain valuable knowledge and experience through this exciting new program. The classes will be held on Wednesday mornings from 9:00am to 12:00pm, beginning in January 2016, in the Office of Government Services Building at 1200 N. Delsea Drive in Clayton, NJ. The course will run approximately 20 weeks. After receiving the formal training, students are expected to return 60 hours of volunteer time; 15 hours of which must be helping the public on the Gloucester County Home and Garden Helpline.

Once you successfully complete the classes, complete the pre and post survey and complete your volunteer time, you will be awarded your Certified Gardener title at a graduation luncheon. Certified Gardeners are encouraged to stay involved through continued volunteer work. There are also many learning opportunities throughout the year, as well as field trips and other association activities.

Enclosed is your application for the Gloucester County Certified Gardener program. Please fill out the application thoroughly. Apply early, as space is limited.

There is a \$150.00 fee for the course. This one-time fee covers the cost of manual, printing, speaker fees and other expenses associated with the class. Please make checks payable to Gloucester County Certified Gardener. Payment plans and scholarships are available.

If you have any questions, feel free to call me at (856) 307-6456.

Sincerely,

Mary Cummings
Certified Gardener Coordinator
Gloucester County Office of Land Preservation

BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damminger

FREEHOLDER LIAISON
Frank J. DiMarco



OFFICE OF LAND
PRESERVATION

DIRECTOR
Ken Atkinson

Office of Government
Services
1200 N. Delsea Drive
Building "A"
Clayton, NJ 08312

Phone: 856.307.6451
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landpreservation@co.
gloucester.nj.us

www.co.gloucester.nj.us



Offices of Government Services
 Land Preservation
 1200 North Delsea Drive, Bldg. E
 Clayton, New Jersey 08312
 Phone: 856-307-6456
 Fax number: 856-307-6479

GLOUCESTER COUNTY CERTIFIED GARDENERS REGISTRATION FORM

I wish to become a participant in the Gloucester County Certified Gardeners 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 hours of volunteer service within the necessary timeframe to attain the title of Gloucester County Certified Gardeners. I also understand that there are annual recertification requirements to continue as a Gloucester County Certified Gardeners, and that there is a cost to cover course, administrative, and program expenses.

GLOUCESTER COUNTY VOLUNTEER REGISTRATION FORM	
<i>Thank you for your interest in volunteering with Gloucester County. Please fill out this registration form as well as the attached waiver. These forms should be returned to the Department for which you will be volunteering along with a form of valid photo identification.</i>	
Department: Office of Land Preservation	
Last Name:	First Name:
Address (Number & Street, City or Town, State, Zip):	Municipality:
Home Phone Number:	Alternate Phone Number (s):
Emergency Contact Name:	Emergency Contact Phone Number:
Brief Description of duties: House Tours	
Would you be interested with volunteer duties that may involve working with children? YES / NO (please circle one) <i>If yes, you will be subject to a background check by the Gloucester County Human Resources.</i>	
Name of County Employee that volunteer reports to: Mary Cummings, Program Coordinator	
Volunteer's Signature:	Date:
Email Address	

DEPARTMENT HEAD SIGNATURE: _____

Please complete the following:

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

2. Please describe your expertise level in gardening and horticulture:

_____ Beginner _____ Intermediate _____ Advanced _____ Expert

3. Why do you want to become a GC Certified Gardener volunteer?

Media Release

I hereby grant full permission to the sponsor and agents authorized by them to use any photo, videotape, recording or any other record of these activities for legitimate purpose.

Authorized Signature _____ **Date** _____

Print Name _____

COUNTY OF GLOUCESTER
ONE NORTH BROAD STREET
WOODBURY, NJ 08096

VERY IMPORTANT VOLUNTEER

AGREEMENT

(Release – Assumption of Risk)

I _____, hereby acknowledge that the County of Gloucester has agreed to assist me in gaining experience in the field of _____ by giving permission to allow me to volunteer with the Department of _____ during the course of normal operations.

In consideration for the opportunity to participate in this manner, I freely and voluntarily:

1. release, waive and forever discharge the County of Gloucester, including its past, present and future employees, officers, directors, boards, authorities, agents, partners, volunteers, and representatives, (hereinafter collectively referred to as County of Gloucester) to the full extent allowed by law, from any and all liability, claims, demands or causes of action and/or judgements whatsoever, in law or in equity, including for any personal injury, damage to property and any other matter;

2. expressly and voluntarily assume all risk of Injury, to the full extent allowed by law, however caused;

3. will not sue or make claim against the County of Gloucester for Injury.

I HAVE READ THIS WAIVER AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT, I AGREE TO ITS TERMS. IT IS MY INTENTION TO RELIEVE THE COUNTY OF GLOUCESTER CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE IN CONNECTION WITH MY VOLUNTEERING.

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____

Date: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____



**ROBERT M. DAMMINGER
FREEHOLDER DIRECTOR**

**BOARD OF CHOSEN FREEHOLDERS
COUNTY OF GLOUCESTER
STATE OF NEW JERSEY
PO BOX 337
WOODBURY, NEW JERSEY 08096
PHONE (856) 853-3264
FAX (856) 853-3266
hrdept@co.gloucester.nj.us**

**CHAD M. BRUNER
COUNTY ADMINSTRATOR
DIVISION OF HUMAN RESOURCES**

**Human Resources
AUTHORIZATION AND RELEASE**

Execute in duplicate before a Notary Public
STATE OF NEW JERSEY }

: SS

COUNTY OF GLOUCESTER }

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Human Resources Department for the County of Gloucester in the State of New Jersey, whether said records or information are of a public, private, or confidential nature.

I authorize a criminal background check.

I also authorize and request any person, firm, company, corporation, governmental agency, or institution having control of any documents, records and other information and/or pertaining to me, to furnish to the said Human Resources Department any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the said Human Resources Department or any of their agents or representatives and the Human Resources Director or designee of the Human Resources Department to inspect and make copies of such documents, records, and other information.

I hereby request and authorize the release of all information solicited on my behalf as an applicant with employment with the Human Resources Department, County of Gloucester, New Jersey.

I understand any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment with the County of Gloucester Human Resources Department.

I hereby release, discharge, and exonerate the said Human Resources Department, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the said Human Resources Department on behalf of the County of Gloucester.

A photocopy of this authorization and release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization and Release."

Subscribed and sworn to me before this
____ Day of _____,
A.D., 20 _____
Notary Public of New Jersey
My commission Expires _____
(Print or type name of Notary under
Signature and affix notarial seal)

Signature (include maiden name & any other name previously known by)

Address _____

Telephone _____

Date of Birth _____

Social Security Number _____

Driver's License # _____

COUNTY OF GLOUCESTER

3.

Carmel M. Morina
Sheriff



OFFICE OF THE SHERIFF
P.O. BOX 376
WOODBURY, NJ 08096
(856) 384-4600

August E. Knestaut
Undersheriff

Andre L. Bay
Undersheriff

SPECIAL INVESTIGATIVE UNIT APPLICANT QUESTIONNAIRE

This form should not be completed until the applicant reads and signs the appropriate "Authorized and Release" form. The Authorization from must also be notarized and attached to this questionnaire along with a formal request on department letterhead prior to being submitted. Non-compliance with this directive will result in a rejection of your request. Driver's license inquiries should complete Section #1 only. All others should complete Sections #1 and #2 on the form. Please print legibly.

SECTION #1

Name: _____ **Maiden Name (if applicable):** _____
Address: _____ **Town:** _____ **Zip Code:** _____
Home Phone: _____ **Job Title:** _____
State Issuing Driver's License: _____ **Driver's License #:** _____
Eye Color: _____ **Expiration of Driver's License:** _____

SECTION #2

Your Present Age: _____ **Date of Birth:** _____
Social Security Number: _____ **Hair Color:** _____
Height: _____ **Weight:** _____ **Race:** _____
Your Vehicle: Make: _____ **Model:** _____ **Year:** _____
State Your Vehicle is Registered: _____ **License Plate Number:** _____
Closest Living Relative & Relationship: _____
Address: _____
Phone: _____