

BOARD OF
COUNTY COMMISSIONERS

COUNTY OF GLOUCESTER

COMMISSION DIRECTOR
Frank J. DiMarco

COMMISSION LIAISON
Matthew Weng



DEPARTMENT OF LAND
PRESERVATION

254 County House Road
Clarksboro, NJ 08020

Phone 856.224.8045
Fax 856.224.8049
landpreservation@co.glocester.nj.us

www.co.glocester.nj.us

The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 384-6842/ New Jersey Relay Service 711.



Dear Interested Gardener,

Thank you for your interest in the Certified Gardener Program. The Gloucester County Office of Land Preservation facilitates the "Gloucester County Certified Gardener Program." This group was created to assist county residents with lawn and gardening questions, teach gardening to youth and adults, and assist the county, municipalities and local organizations with community beautification projects. Certified Gardeners are 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 program.

The class series is held each year on Wednesday mornings from 9:00 am to 12:00 pm, from January through the end of May. They take place in the offices at the Shady Lane Complex, 254 County House Rd., Clarksboro, NJ 08020. The course runs approximately 20 weeks. After receiving the formal training, participants are expected to return 60 hours of volunteer time working in Certified Gardener project areas. Once you successfully complete the classes and complete your volunteer time, you will be awarded your Certified Gardener title at a recognition luncheon. Certified Gardeners are encouraged to stay involved through continued volunteer work. There are 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 completely. When you send us the completed application, please include a copy of your photo ID. There is a \$150.00 fee for the course. This one-time fee covers the cost of printing, speaker fees, and other expenses associated with the class. Please make checks payable to Gloucester County Certified Gardeners. The program is free for veterans, and payment plans and scholarships are available as well.

If you have any questions, feel free to call me at (856) 224-8045.

Sincerely,

A handwritten signature in black ink that reads "Mary Cummings".

Mary Cummings
Certified Gardener Program Coordinator
Gloucester County Office of Land Preservation

VOLUNTEER REGISTRATION FORM

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.

Department:	
Last Name:	First Name:
Address (Number & Street, City or Town, State, Zip): Municipality:	
Home Phone Number:	Alternate Phone Number:
Are you under the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/> (please circle one)	
If yes, please have parental or legal guardian sign here.	
Parental/Legal Guardian Name (Please print)	
Parental/Legal Guardian Signature	
Emergency Contact Name:	Emergency Contact Phone Number:
Start Date:	Estimated Time Commitment:
Brief description of duties:	
Is volunteer service seeking credit or experience? _____	
If credit, how many credit hours? _____	
Do volunteer duties involve work with children? YES / NO (please circle one)	
Volunteer program, if applicable (i.e., RSVP, CWEP, etc.): _____	
Name of County Employee that volunteer reports to:	
Volunteer's Signature:	Date:

Department Head Signature _____



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

Human Resources
AUTHORIZATION AND RELEASE FORM

Execute 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



APPLICANT QUESTIONNAIRE

This form should not be completed until the applicant reads and signs page 1 of the "Authorization and Release" Form.

The Authorization Form must be notarized and attached to this questionnaire. Please print legibly.

**THE SIGNED AUTHORIZATION & RELEASE FORM AND COMPLETED APPLICANT QUESTIONNAIRE
MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE at 2 South Broad Street in Woodbury (3rd Floor).**

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: _____

Social Media user names: _____

**COUNTY OF GLOUCESTER
2 SOUTH 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 judgments 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 a 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 FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE IN CONNECTION WITH MY VOLUNTEERING.

Name _____
Address _____
City _____ State _____ Zip _____
Signature _____
Date: _____