

CONSULTING ROSARIAN CANDIDATE FORM

Name: _____ Date: _____

Address: _____

City, State: _____ Zip +4: _____

Phone: _____ Email: _____

American Rose Society District: _____

1. Are you at least 18 years old? (Y/N) _____

2. When did your membership begin? (2 years required) _____

3. How many years have you grown roses? (5 years required) _____

Current number of bushes in your garden? _____

4. Local society(s) you belong to plus city and state: _____

5. Date joined the local society: _____

6. I have participated in or assisted the following society activities: (List min of 3)

6a. _____

6b. _____

6c. _____

7. I am willing to assist and advise others on rose culture and share my knowledge with others in many ways (describe) _____

8. I will participate in the annual "Roses in Review" program and submit an annual CR Report to my district CR Chair if required (Y/N) _____ If N, then briefly explain:

9. I am willing to write articles and give presentations when asked. (Y/N) _____ If N, please explain:

10. I have read, understand, and am willing to live up to the Consulting Rosarian Guide. (Y/N) _____

I hereby affirm that the above information is correct and that I understand the responsibilities and duties of being a Consulting Rosarian to inspire a love and appreciation of roses and their culture.

Signed: _____

Note: Electronic signature can be:

/John Smith/

John Smith

The following active Consulting Rosarians affirm that _____ (candidate's name) demonstrates a thorough knowledge of rose culture and will actively support the activities of the ARS. We, therefore, recommend him/her as a candidate for the Consulting Rosarian School.

The recommending Consulting Rosarians may sign electronically using this format.

Electronic signature can be:

/John Smith/

John Smith

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

Signed: _____
(Signature of active Consulting Rosarian making recommendation)

Address: _____

The Consulting Rosarian Candidate Form must be sent to the District Chairman of Consulting Rosarians at least thirty (30) days before the school.

Membership will be verified at ARS headquarters.

I understand that the American Rose Society is not responsible for any recommendations made by me, as a Consulting Rosarian, that are contrary to the Consulting Rosarian Manual or the Environmental Protection Agency's regulations for my state. I also pledge my earnest efforts to uphold the highest standards of the American Rose Society in inspiring the love and appreciation of roses.

Signature: _____

I am willing to have my name and phone number released to the public by ARS.

Signature: _____

NEW CANDIDATES: The letter of verification that you have provided three letters of recommendation from your District Chairman of Consulting Rosarians is required.

QUESTIONS ARE BASED ON THE TEXT SECTION ONLY OF THE CR MANUAL