

**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