



## BECOME A VSLD MENTOR

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

*I would like to participate in the VSLD Mentorship Program. I am available to aid landscape designers applying for certification and be a resource for guidance the first year of membership. Please partner me with a designer requesting a mentor.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to:**

Janet Baruch, VSLD Mentor Chair  
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Richmond VA 23226  
804-357-0255  
Email: [janetbaruch@me.com](mailto:janetbaruch@me.com)