

## REQUEST A VSLD CERTIFIED MEMBER MENTOR

Name:	Date
Address:	
	Email.
Business Name:	
Purpose of the VSLD Mentor Program:	
The mentor will help review your subm	nded to aid landscape designers applying for certification with VSLD. nission before you apply. The mentor will be a resource for guidance tor program is not intended to be an internship.
VSLD Application for Certification	
What do you want to achieve from this me.	entoring relationship? Please list specific goals for this year.
I would like to participate in the VSLD Me Designer available to mentor me.	entor Program. Please partner me with a VSLD Certified Landscape
Signed:	Date:
Send to:	

Janet Baruch, VSLD Mentor Chair Greenway Gardens 23 Towana Road Richmond VA 23226

804-357-0255

Email: janetbaruch@me.com