



## 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:**

Tim Hess, VSLD Mentor Chair  
7185 Burke Lane  
Warrenton, VA 20186

540-216-7065  
Email: [timhess.lhn@gmail.com](mailto:timhess.lhn@gmail.com)