



REQUEST A VSLD CERTIFIED MEMBER MENTOR

Name: _____ Date _____

Address: _____ Phone: _____

_____ Email: _____

Business Name: _____

Purpose of the VSLD Mentor Program:

The VSLD Mentorship Program is intended to aid landscape designers applying for certification with VSLD. The mentor will help review your submission before you apply. The mentor will be a resource for guidance the first year of membership. The mentor program is not intended to be an internship.

___ VSLD Application for Certification

What do you want to achieve from this mentoring relationship? Please list specific goals for this year.

I would like to participate in the VSLD Mentor Program. Please partner me with a VSLD Certified Landscape Designer available to mentor me.

Signed: _____ Date: _____

Send to:

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

540-216-7065
Email: timhess.lhn@gmail.com