

MENTOR VOLUNTEERS

I would like to be a Mentor and help orchid growers by sharing basic orchid growing techniques information.

Name: _____

Address: _____

City: _____

Phone: _____

Date: _____

Resident:

Part time _____ Full time _____

Thank you for volunteering.

Mentors: Please submit this form to The Membership Table or the VAOS President.

REQUEST FOR MENTOR SERVICES

I would like to have a Mentor help me with basic orchid growing techniques.

Name: _____

Address: _____

City: _____

Phone: _____

Date: _____

Please check items that apply to you.

Resident:

Part time _____ Full time _____

_____ Beginning orchid grower

_____ Struggling with a growing issue

_____ **Yes, I am a member of VAOS.**

Please check to indicate yes.

****To receive Mentoring, you must be a member of VAOS and have attended a minimum of two grower's clinics.**

To request Mentor services, please submit this form to the Membership Table, or VAOS President.

