

DESERT DISCOVERY CENTER

Jr. Naturalist Certification Program

RETURN FORMS TO: ROSE FOSTER, PROGRAM COORDINATOR, BUREAU OF LAND MANAGEMENT
2601 BARSTOW RD. • BARSTOW, CA 92311 • VOICE: (760) 252.6011 • FAX: (760) 252.6098

MENTOR REGISTRATION FORM

PLEASE PRINT

FIRST NAME _____ LAST NAME _____

OCCUPATION _____ MALE FEMALE

COMPANY _____

E-MAIL _____

PRIMARY PHONE _____ Type: Home Mobile Work

SECONDARY PHONE _____ Type: Home Mobile Work

MAILING ADDRESS _____
Street Address City Zip

WHAT INSPIRED YOU TO MENTOR? _____

WHAT IS YOUR GOAL AS A MENTOR? _____

MENTOR COMMITMENT LETTER

A Jr. Naturalist mentor must be 15 years of age or older and willing to support a student through the duration of the program. A mentor may work with one student in a given year unless the Program Advisory Council grants prior approval.

I, _____ would like to participate as a mentor for
(mentor)
_____ for the duration of his/her participation in the Jr.
(student)

Naturalist Certification Program. I agree to:

- To complete the mentor registration form and commitment letter
- Attend the orientation class with the student
- Monitor and support completion of certification requirements
- Provide documentation on the student's log sheet as they complete the program requirements
- Willing to assist the student with career plans and personal growth issues or related issues that student would like to discuss

SIGNATURE OF MENTOR _____ **DATE** _____

SIGNATURE OF STUDENT _____ **DATE** _____

SIGNATURE OF PROGRAM DIRECTOR _____ **DATE** _____