



**MENTORING ACTIVITIES RECORD**

Please return this completed form to the address listed below as soon as one year of your mentoring is completed. One unit of certification credit will then be sent to you. Thank you!

Barbara Wanquist  
New Member Mentor Chair  
10711 Alcott Dr.  
Sauk Centre, MN 56378

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
New Member's Name

\_\_\_\_\_  
Year(s) of Mentorship

| ACTIVITY | DATE | TIME SPENT | COMMENTS |
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