



JOP/Mentor Assignment Form (Date) _____

I accept the responsibility of being a mentor in the _____ Association Junior Official Mentoring Program, keeping in mind the expectations stated above in training the working with the new official(s) as listed below:

JUNIOR OFFICAL(S)

Name: _____
Address: _____
City: _____
State: _____
Phone: _____
Email: _____
Age of Participant: _____

Name: _____
Address: _____
City: _____
State: _____
Phone (H): _____
Email: _____
Age of Participant: _____

USATF _____ ASSOCIATION MENTOR ASSIGNED:

Name: _____ Officials Level _____
Address: _____ City: _____
State: _____ USATF Membership # _____
Phone _____ Email: _____
Mentor (signature): _____ Date: _____

APPROVAL:

Association Certification Chair: _____ Date: _____
Association Mentor Coordinator: _____ Date: _____