



## Committee/Task Force Sign-up Form

If you are interested in volunteering for a NARHA committee/task force please fill out this form completely. NARHA will share your information with appropriate committees and identify opportunities for you to put your skills to use on NARHA's behalf. Thank you so much for taking the time to help make a difference!

NAME:	NARHA Member #:
Address:	
City/State/Zip/Country:	
Day Phone:	Evening Phone:
Email Address:	

Are you 18 years of age?     YES     NO

What committee, Region or organizations are you interested in volunteering for?

- |   |   |
|---|---|
| <input type="checkbox"/> Program and Standards Oversight Committee    | <input type="checkbox"/> Education Oversight Committee                |
| <input type="checkbox"/> Accreditation Committee                      | <input type="checkbox"/> Health & Ed Advisory Group                   |
| <input type="checkbox"/> Certification Oversight Committee            | <input type="checkbox"/> National Conference Host Committee           |
| <input type="checkbox"/> International Growth                         | <input type="checkbox"/> Higher Education Development                 |
| <input type="checkbox"/> Riding Certification Subcommittee            | <input type="checkbox"/> Regional Conference Task Force               |
| <input type="checkbox"/> Driving Certification Committee              | <input type="checkbox"/> Educational Publications Task Force          |
| <input type="checkbox"/> Vaulting Certification Subcommittee          | <input type="checkbox"/> Membership Oversight Committee, Region _____ |
| <input type="checkbox"/> Equine Specialist Certification Subcommittee | <input type="checkbox"/> State Chair of _____                         |
| <input type="checkbox"/> NARHA Horses for Heroes Task Force           | <input type="checkbox"/> Center Advancement Committee                 |
| <input type="checkbox"/> Equine Welfare Task Force                    | <input type="checkbox"/> Equine Facilitated Learning Task Force       |
| <input type="checkbox"/> Equine Facilitated Mental Health             | <input type="checkbox"/> Other _____                                  |

Please circle the following skills you would like to share or interests you have:

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Accounting   | <input type="checkbox"/> Community Leadership               | <input type="checkbox"/> Management | <input type="checkbox"/> Training/Mentoring                |
| <input type="checkbox"/> Development  | <input type="checkbox"/> Education/Curriculum               | <input type="checkbox"/> Publishing | <input type="checkbox"/> Marketing                         |
| <input type="checkbox"/> Bilingual  | <input type="checkbox"/> Riding                             | <input type="checkbox"/> Driving    | <input type="checkbox"/> Vaulting                          |
| <input type="checkbox"/> Evaluator  | <input type="checkbox"/> Experience with Accredited Centers |                                     | <input type="checkbox"/> Site Visitor                      |
| <input type="checkbox"/> Mental Health/Special Credentials: PT OT SLP Psychologist Doctor |   |                                     | <input type="checkbox"/> Mental Health Experience/Interest |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony within the last five years?

- Yes       No

If yes, please describe, on a separate sheet, the circumstances of your conviction; including the date, nature, and place of the offense and disposition of the case. A felony conviction will not necessarily bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity and date of the offense.

Please attach a cover letter and resume to this form.