

**PATH Intl. Equine of the Year
Nomination Form**

Equine's Full Name: _____

Equine's Nickname: _____

Equine's Region:

1 2 3 4 5 6 7 8 9 10 11

Please indicate that the PATH Intl. Equine of the Year nominating requirements have been met. Nominations that do not meet all requirements will not be considered.

Nominated by current PATH Intl. Center Member in good standing:

Nominating Center Contact Information:

Executive Director: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number: _____ Evening Phone Number _____

Each center is eligible to nominate one equine award nominee annually. This is the only nominee from this center for this award year.

A center is ineligible to submit an equine of the year nomination if the center's equine nominee won the previous year. This center did not have an equine of the year winner in the previous award year.

The volunteer award nominee has not won the PATH Intl. Equine of the Year region award within the last five years.

Two clear electronic headshot photos at a minimum of 300 dpi (the setting for most digital cameras) are attached to the nomination. (PDFs will not be accepted.) The following tips may help:

- Contact a local tech or camera store for support on shooting high resolution photos
- Shake some grain to get a picture with the horse's ears up
- Try to get a picture with nothing on the horse's face – no bridal or halter.
- Submit head shots only, the neck up to the ears or smaller. Please submit a photo head on (standing in front of the horse) and a side view of the horse's head (standing to the side of the horse).
- Be sure the photo is in a digital format (no prints, please) and submit by email or include the pictures on a CD (or other electronic format) if the nomination is mailed.
- The photo will be enlarged so a minimum of 300 dpi is important for all to celebrate the wonderful partners in your work.

At least two reference forms and not more than four (see last page) included with submission of nomination. Individuals submitting reference forms are listed below:

Individuals submitting Reference Forms (see last page). Check all that apply.

1. Name: _____

Relationship to Nominating Center (Check all that apply.)

- Participant
- Parent/Guardian of Participant
- Instructor/Equine Specialist in mental Health & Learning at nominating center
- Other staff at nominating center
- Volunteer at Nominating Center
- Management staff at nominating center
- Board member at nominating center
- Community Supporter

2. Name: _____

Relationship to Nominating Center (Check all that apply.)

- Participant
- Parent/Guardian of Participant
- Instructor/Equine Specialist in mental Health & Learning at nominating center
- Other staff at nominating center
- Volunteer at Nominating Center
- Management staff at nominating center
- Board member at nominating center
- Community Supporter

3. Name: _____

Relationship to Nominating Center (Check all that apply.)

- Participant
- Parent/Guardian of Participant
- Instructor/Equine Specialist in mental Health & Learning at nominating center
- Other staff at nominating center
- Volunteer at Nominating Center
- Management staff at nominating center
- Board member at nominating center
- Community Supporter

4. Name: _____

Relationship to Nominating Center (Check all that apply.)

- Participant
- Parent/Guardian of Participant
- Instructor/Equine Specialist in mental Health & Learning at nominating center
- Other staff at nominating center
- Volunteer at Nominating Center
- Management staff at nominating center
- Board member at nominating center
- Community Supporter

Nominated Equine's Years of Service:

- Over 5 years
- 2 to 5 years of service
- Less than two years of service

How many hours per week does the nominated equine serve at the center:

- 30 to 40 hours per week
- 20 to 30 hours per week
- 10 to 20 hours per week
- Less than 10 hours per week

How many hours does the center operate:

- 40+ hours per week
- 30 to 40 hours per week
- 20 to 30 hours per week
- 10 to 20 hours per week
- Less than 10 hours per week

Indicate the activities in which the equine contributes participates (check all that apply):

- Riding
- Driving
- Vaulting
- Trail Riding
- Competitions at the center's facilities
- Competitions away from the center's facilities
- Other

Indicate the participants with special needs with which the equine works (check all that apply)

- Children
- Adults
- Veterans
- Independent riders

I know the nominated equine as a (check all that apply)

- Participant
- Parent/Guardian of Participant
- PATH Intl. professional (instructor or equine specialist in Mental Health & Learning)
- Volunteer at the nominated equine's center
- Management staff at the nominating center
- Center's Executive Director
- Board member at nominated equine's center
- Community Supporter
- Other _____

Compare the nominee to other equines you know that provide similar therapeutic equine activities and/or equine facilitated therapy. With regard to the following characteristics is the nominated equine the

1. Best equine you have known with regards to this characteristic?
2. Comparable to the top 25% of equines you have known with regards to this characteristic?
3. Comparable to the top 50% of equines you have known with regards to this characteristic?
4. This is not this equine's strength.
5. No opportunity to observe characteristic; not enough experience to compare.

- _____ The equine's previous experience has added value to his/her services in the field of equine assisted activities and therapies at this PATH Intl. center
- _____ This equine overcame significant hardship in order to be able to provide his/her services at this PATH Intl. center
- _____ The equine has an excellent attitude for work in the field of equine assisted activities and therapies.
- _____ The equine's contributions are significant to this PATH Intl. center
- _____ The equine has good relationships with the participants with whom he/she interacts in the equine assisted activities and therapies.