



Professional Association of Therapeutic
Horsemanship International

Committee/Task Force Sign-up Form

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

Name: _____ PATH Intl. Member Number: _____

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"/> PATH Intl. Equine Services 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:

- Accounting Community Leadership Management Training/Mentoring
- Development Education/Curriculum Publishing Marketing
- Bilingual Riding Driving Vaulting
- Evaluator Experience with Accredited Centers Site Visitor
- Mental Health/Special Credentials: PT OT SLP Psychologist Doctor 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.