



## Committee/Task Force Sign-up Form

If you are interested in volunteering for a PATH Intl. committee/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 International's behalf. Thank you so much for taking the time to help make a difference!

NAME:	PATH Intl. 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<br><input type="checkbox"/> Accreditation Subcommittee<br><input type="checkbox"/> Certification Oversight Committee<br><input type="checkbox"/> Riding Certification Subcommittee<br><input type="checkbox"/> Therapeutic Driving Certification Committee<br><input type="checkbox"/> Interactive Vaulting Certification Subcommittee<br><input type="checkbox"/> Equine Welfare Committee<br><input type="checkbox"/> Equine Specialist in Mental Health and Learning Subcommittee<br><input type="checkbox"/> Equine Services for Heroes Committee<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Membership Outreach Committee, Region____<br><input type="checkbox"/> Health & Education Advisory<br><input type="checkbox"/> Standards Review Task Force<br><input type="checkbox"/> Quality Assurance Task Force<br><input type="checkbox"/> International Conference Host Task Force<br><input type="checkbox"/> Regional Conference Task Force<br><input type="checkbox"/> State Chair of _____ |
|--|--|

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.