



**American Hippotherapy Association, Inc.
Board of Directors Candidate Application**

Date _____

Name _____

First

MI

Last

Nickname

Residence

Address:

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization : _____

Primary service(s) and area/population served: . _____

Preferred method of contact () Work () Residence

References

Name _____

E-mail: _____

Phone _____

Name _____

E-mail _____

Phone _____

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization

Role/Title

Dates of Service

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel AHA, Inc. would benefit from your involvement on the Board?

Skills, experience and interests (Please highlight all that apply)

- Finance, accounting
- Personnel, human resources
- Administration, management
- Not-for-profit experience
- Community service
- Policy development
- Program evaluation
- Public relations, communications
- Education, instruction
- Special events
- Grant writing
- Fundraising
- Outreach, advocacy

Other _____

Other _____

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of AHA, Inc.

Please tell us anything else you'd like to share.

Thank you very much for applying. We will be in touch.

