

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

Date _____

Name _____
 First MI Last Familiar name

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 _____

These references may be contacted

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?

Please give an example of how you use AHA, Inc. terminology and the AHA, Inc. Best Practice Guidelines?

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

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

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit 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