



## 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. As a reminder all committee/task force members must have a current individual membership. 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><br><input type="checkbox"/> Therapeutic Driving Certification Committee<br><input type="checkbox"/> Interactive Vaulting Certification Subcommittee<br><br><input type="checkbox"/> Equine Specialist in Mental Health and Learning Subcommittee | <input type="checkbox"/> Standards <b>Committee</b><br><input type="checkbox"/> Equine Services for Heroes Committee<br><input type="checkbox"/> International Conference Host Task Force<br><input type="checkbox"/> Regional Conference Task Force<br><br><input type="checkbox"/> Region Leadership team for region _____<br><input type="checkbox"/> Equine Welfare Committee<br><br><input type="checkbox"/> Other _____ |
|--|---|

Short-term work groups under the committees listed above may also be available, please list what areas of interest you would like to be considered for a work group: \_\_\_\_\_

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Please circle the following skills you would like to share or interests you have:

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