



Committee/Task Force Sign-up Form

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

NAME:	NARHA 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 | <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"/> 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"/> NARHA Horses 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"/> Other _____ | |

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: _____

