



**TROT**  
Therapeutic Riding Of Tri-Cities

## Board of Directors Candidate Application

Name \_\_\_\_\_  
First MI Last Familiar Name

Address \_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Your Title \_\_\_\_\_

Type of Business or Organization \_\_\_\_\_

Primary Service(s) and Area/Population Served \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact ( ) Work ( ) Residence

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

| Organization | Role/Title | Dates of Service |
|--------------|------------|------------------|
| _____        | _____      | _____            |
| _____        | _____      | _____            |
| _____        | _____      | _____            |
| _____        | _____      | _____            |

**Education/Training/Certificates**

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

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**How do you feel TROT would benefit from your involvement on the Board?**

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**Skills, experience and interests** (Please mark all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Finance, Accounting              | <input type="checkbox"/> Education, Instruction |
| <input type="checkbox"/> Personnel, Human Resources       | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Administration, Management       | <input type="checkbox"/> Grant Writing          |
| <input type="checkbox"/> Nonprofit Experience             | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Community Service                | <input type="checkbox"/> Outreach, Advocacy     |
| <input type="checkbox"/> Policy Development               | Other <input type="text"/>                      |
| <input type="checkbox"/> Program Evaluation               | Other <input type="text"/>                      |
| <input type="checkbox"/> Public Relations, Communications | Other <input type="text"/>                      |

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

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**Are you willing to serve for a minimum of at least two years?    \_\_\_\_\_ Y            \_\_\_\_\_ N**  
**Please tell us anything else you'd like to share.**

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**Thank you for applying!**

**Please return the completed application to: TROT, PO Box 5108, Pasco, WA 99302 or email to [info@trot3cities.org](mailto:info@trot3cities.org).**