



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

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

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

Skills, experience and interests (Please mark 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 TROT.

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.

Thank you for applying!

Please return the completed application to: TROT, PO Box 5108, Pasco, WA 99302 or email to info@trot3cities.org.