



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)

- | | |
|---|---|
| <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="checkbox"/> Program Evaluation | Other _____ |
| <input type="checkbox"/> Public Relations, Communications | 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.