



Silver Lining Riding Board Member Application

Silver Lining Riding
P.O. Box 8
Waddell, AZ 85355
520-329-7757
info@silverliningriding.org
www.silverliningriding.org

***We help people overcome life's obstacles
through equine interaction.***

Full Name (please print): _____

Home Address: _____

City, State, Zipcode: _____

Daytime Phone #: _____

Evening Phone #: _____

Email Address: _____

Current Occupation:

Educational Background:

How did you find Silver Lining Riding, and what drew you to us?

Briefly state why you are interested in serving on Silver Lining Riding's Board of Directors:

Have you ever served on a non-profit board? If so, please describe.

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What experience, skills, and talents would you bring to Silver Lining Riding?

<input type="checkbox"/> Board development	<input type="checkbox"/> Community networking	<input type="checkbox"/> Evaluation
<input type="checkbox"/> Facilities management	<input type="checkbox"/> Financial management	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant writing	<input type="checkbox"/> Human Resources/Staffing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Program development	<input type="checkbox"/> Strategic planning	<input type="checkbox"/> Training

Other (please describe):

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Can you commit to the following requirements? Yes No

(NOTE: The Board may waive any or all of these requirements at their discretion.)

- Serve a full term (3 year).
- Attend a minimum of 75% of the monthly Board Meetings.
- Serve on a committee for up to 60 days, or volunteer for a minimum of 25 hours, prior to being voted onto the Board.
- Give \$200 annually (monetary, in-kind goods, services, volunteer hours, etc.).
- Your name/photo on our website, social media, publicity documents, etc.
- Attend Volunteer 1 training to gain awareness of what we do.
- Continue to serve on committees.

Please list Silver Lining Riding Board, staff, volunteers, etc., with whom you are acquainted or to whom you are related.

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Please list the names and addresses of two references whom we may contact.

Have you ever been convicted of a violation of the law other than minor, non-moving traffic violations? A conviction will not necessarily bar you from being asked to serve. Please answer Yes or No. If yes, please list all such convictions and specify the jurisdiction(s) (including county, state and year).

Applicant Signature (or typed name if applying electronically):

Date:

By submitting this application to Silver Lining Riding, you are agreeing that all information herein is accurate and correct.

Please submit this application via email to:

info@silverliningriding.org

Thank you!

Last Revised August 2019