



Committee Application

Thank you for your interest in serving on an ASHBA Committee. Please fill out the following form.

Name *

Email *

First Name

Last Name

example@example.com

**Are you a current ASHBA Member?
(Membership is required for committee
participation.) ***

ASHBA Membership Number *

Yes

No

Location *

City

State

Industry Involvement (select all that apply) *

Age Range *

Rider

Owner

Breeder

Trainer

Service Provider (Farrier, Veterinarian, etc.)

18-25

40-55

26-39

56 +

Committee Involvement

Have you served on an ASHBA committee before? *

If so, which committee(s)?

Yes

No

Why do you want to volunteer for ASHBA?

What strengths and skills do you feel you have to share with ASHBA?

Committee Interest

Before submitting your application, please review the 2022 Committee Meeting Calendar to ensure you are available to attend committee meetings.

Which committees are you interested in serving on this year? *

Audit/Internal Controls	Breeders	Bylaws
Charter Club	Communications	Conduct Review
Convention Planning	Diversity, Equity, & Inclusion	Equine Welfare Advocacy
Finance	Fundraising	Half Saddlebred
HR/Compensation	Licensed Officials	Marketing
National Futurities	Operations	Registry Rules
Research	Riding Program Council	Saddlebreds Across America
Sport Horse Committee	Standards & Rules	State Futurities
Sweepstakes	Youth	

Confidentiality Agreement

Serving on an ASHBA committee is one the best ways to promote and protect the American Saddlebred. Once placed on a committee, you will be on the "ground floor" for change and progress in our association. In order to cultivate an environment of collaboration, we ask all potential committee members to sign a Confidentiality Agreement to keep committee conversations private.

I hereby acknowledge that as a Committee Member for the American Saddlebred Horse and Breeders Association (ASHBA), I will have access to confidential information concerning the organization, including but not limited to committee discussions and initiatives; information on employees, donors, contracts, investments, and vendors; and legal, financial, and other proprietary information about the organization.

I agree that I will not at any time—during my tenure on the Committee or following that tenure—divulge any such confidential information, nor transfer any such confidential information to any third party, nor use any such confidential information for my own purpose or for any purpose other than in connection with my authorized role as a Committee Member of ASHBA, unless such disclosure shall have been approved in writing in advance by ASHBA.

I understand that for purposes of this agreement "confidential information" shall not include information that I can establish was (i) in my lawful possession from a course outside ASHBA and/ or its committees, or (ii) was generally available to the public at the time of the disclosure.

I agree that upon completion of my participation as a Committee Member of ASHBA I will return to ASHBA all confidential information on the organization in my possession or under my control.

Signature

Date



_____ Month Day Year

Name

First Name

Last Name

**Please sign and return this form by
December 31, 2021 to Programs
Manager, Samantha Geller at
s.geller@asha.net.**