

Service Dogs NH (SDNH)

Veterinary Support for Service Dogs



Board Application

I sincerely appreciate your interest in serving on the SDNH Board. There are many organizations you could have chosen and I'm grateful you chose us. We would like to get to know you more and also learn about your skills and interests. We are interested in knowing why you chose us and how we can make your board experience valuable.

Personal Information:

Name: _____

Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____

Preferred Method of Contact _____ Work _____ Mobile _____ Cell

Current Employer: _____

Past or Current Volunteer Experiences:

Organization	Role	Date of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

We would appreciate knowing what you appreciate about our organization and why you would like to volunteer to help grow our organization.

Please list your skills or expertise:

(such as public relations, legal expertise, understanding budgets, advocacy, accounting, public speaking, event planning, social media, web design, grant writing, fundraising, non-profit experience, information technology, or any other skills or expertise)

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Attributes

Sharing your attributes will help us to have diverse personality styles and traits that will enhance our collaboration and move our organization forward. Please share your attributes?

- ☐ Asks tough questions
- ☐ Strong work ethic
- ☐ Motivated
- ☐ Good sense of humor
- ☐ Appreciate other point of views
- ☐ Respectful
- ☐ Dependable
- ☐ Compassionate
- ☐ Dedicated

Other Attributes:

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Time Commitment

We will have monthly meetings lasting up to an hour and other activities on your own time. A regular board seat comes with a one year term and a director position is a three year term. Please select your interest in one.

___ **Board Member** Must attend regular board meetings and a willingness to be involved as much as possible.

Directors

___ **Vice Chair** The Vice Chair will perform the duties of the Chair in his or her absence or inability or refusal to act, and while so performing, has all the powers and duties of the Chair.

___ **Secretary** The Secretary will be the Clerk of the Corporation and be responsible for the preparation of the minutes for regular and special meetings, keep formal records of all minutes.

___ **Treasurer** The Treasurer shall have the custody of all of the funds, property and securities of the corporation.

Do you feel comfortable with this commitment? _____

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Have you ever been convicted of a crime? (If yes, please explain)_____

being convicted of a crime does not preclude you from board service

Please list two references we can contact:

Name	Role/Relationship	Best contact email/phone
_____	_____	_____
_____	_____	_____

Resume – please email your resume.

Signature_____ Date_____

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Media Release & Testimonial

We value our relationship with you as an SDNH Client or volunteer. As part of fulfilling our mission, we routinely promote SDNH and the ongoing work that we do in both off- and on-line communication channels. As a qualifying Client or volunteer of SDNH, we invite you to consider being a part of this outreach. Please review the following release statement, sign and date the form indicating your choice and return it to us for our records.



I hereby grant to SDNH, their successors, and their assignees the right to photograph and/or video record me and/or my dog and use my name, my dog's name, the images, video footage on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such content at their discretion.

I hereby release SDNH, their successors, and their assignees using our names, images and/or video recording pursuant to this media release from any and all claims, damages, liabilities, costs, and expenses which I now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding.

Please check one: ☐ I consent ☐ I do not consent

Signature _____ Date _____

If a minor, Parent/Guardian Signature _____

Witness _____ Signature _____

(Please print)

If providing consent, please indicate below how your name should appear in SDNH media messaging for Service Dogs NH (SDNH).

Your Full Name _____

Address _____

Phone _____ Email _____

Name/Breed of Service Dog _____

Facebook _____ Instagram _____

By signing below, I authorize SDNH to publish the testimonial as indicated above.

Signature _____ Date _____