



MANDATORY VOLUNTEER HOURS REQUIREMENTS FOR YEAR-END AWARDS

All active members are required to volunteer a minimum of 8 hours per year at SCDCTA sanctioned events if they wish to be eligible for year-end awards. An active member shall volunteer in no less than 2 hour increments per event. Active members have the option to designate a volunteer by proxy, and delegate their volunteer hours to be performed by another person on their behalf. Volunteer hours are recorded for the current show year (December 1st through November 30th).

Recording hours:

Active members must complete an SCDCTA Volunteer Hours Recording Form at each event. The completed form must be signed by the official event manager/organizer. Completed and signed forms must be sent via email to: juliannascdcta@gmail.com. All hours must be recorded by November 30th each year, in order to count for that show year. Forms can be downloaded via the "Forms" page of our website, www.scdcta.com. Hours cannot be redeemed and recorded for non-active SCDCTA members.

Definition of SCDCTA Sanctioned Events:

An SCDCTA Sanctioned Event is an SCDCTA recognized or managed schooling show, SCDCTA clinic, SCDCTA educational event, or an SCDCTA managed USDF/USEF recognized show, or any SCDCTA event that the board of directors deems appropriate.



SCDCTA VOLUNTEER HOURS RECORDING FORM

Section A

DATE: _____ MEMBER NAME: _____

SCDCTA MEMBER NO.: _____

Are you a volunteer by proxy? (are your volunteer hours going to count for a different member other than the name that appears above) Yes ____ No ____

If "yes" please complete section B, if "no" please continue to section C

Section B

Apply volunteer hours to MEMBER NAME: _____

SCDCTA MEMBER NO.: _____

Continue to section C

Section C

EVENT NAME: _____ EVENT DATE: _____

EVENT LOCATION: _____

TYPE OF EVENT: SHOW ☐ CLINIC ☐ OTHER ☐

VOLUNTEER HOURS COMPLETED: _____

TO BE COMPLETED BY EVENT ORGANIZER:

SCDCTA RECOGNITION NO.: _____ and/or USDF NO.: _____

USEF NO.: _____

I hereby verify the hours completed as stated above.

ORGANIZER NAME: _____

ORGANIZER SIGNATURE: _____

The volunteer must submit this completed and signed form electronically to

Juliannascdcta@gmail.com Acceptable formats include: images or pdf files (either signed by hand or electronically)