

National Youth Cutting Horse Association

Area Director

Position Description

Youth Board of Directors

A Youth Board of Directors elected by the membership shall constitute the governing body of the NYCHA. The business and affairs of NYCHA shall be managed and controlled by the Youth Board for the accomplishment of the purposes of NYCHA.

Number Of Directors

Youth Directors will be elected from each NYCHA area (currently 25) based on the number of youth members in that area. One director shall be elected from areas having less than 25 NYCHA members. One additional Director will be elected for every additional 25 youth members in that area.

Director Terms

Youth Directors will serve one-year terms. A member running for a director position must be an eligible youth member in the year they will serve. The term of service will be January 1 to December 31 each year.

Duties of Youth Directors

The youth directors are the driving force of the organization. They provide the leadership and the hard work to accomplish our mission. The position carries a lot of responsibilities and requires a commitment to fulfill the duties of the office.

As an area director you will be required to:

- Attend the NYCHA meetings to represent your area and vote on issues relating to NYCHA activities.
- Obtain two donations for the Stallion Service Program.
- Assist with preparation and clean up of all youth activities including contests, educational workshops, awards banquet and meetings at the major NYCHA shows that you attend.
- Submit at least one article for the *Chatter*.
- Recruit at least one new youth member.
- Inform youth members in your area about youth programs (LEAP, contests, scholarships, coming events).
- Sell a minimum of 20 raffle tickets (if a raffle is held)

As an area director we suggest that you:

- Organize at least two youth meetings per year for your area.
- Organize an educational clinic in your area.
- Send out an e-newsletter to members in your area.

CERTIFICATION REQUIREMENT

The attached consent form must be completed and postmarked no later than November 20 each year. Mail to NYCHA, 260 Bailey Avenue, Fort Worth, TX 76107 or fax to 817.244.2015

National Youth Cutting Horse Association Area Director Consent Form

All area director candidates must complete and return an Area Director Consent Form. It must be completed and **postmarked** no later than November 20. Mail complete forms to National Youth Cutting Horse Association, 260 Bailey Ave, Fort Worth, TX 76107 or fax to (817) 244-2015.

- I have reviewed the position description for a National Youth Cutting Horse Association Area Director. **I am willing to devote the time required to fulfill my duties as National Youth Cutting Horse Association Area Director.**
- I will serve as a positive role model to other members. I agree to be responsible for my own actions and accountable for their consequences and will encourage other members to do likewise.
- I will be fair-minded and honest in dealing with others. I will be open to ideas, suggestions and opinions of my peers and advisors.
- I will treat participants, parents, advisors and others with respect, courtesy and consideration.
- I will refrain from the use of alcohol, tobacco and drugs while participating in NYCHA activities.

Your participation in the National Youth Cutting Horse Association Board of Directors carries the responsibility of representing the youth association to the membership, sponsors and public. You are expected to conduct yourself in a manner that reflects well on the association as well as yourself. Your contributions to the program through your active participation are highly valued.

I have read the above statements; I am willing to fulfill my obligations and I am willing to conduct myself in the highest standards expected of a National Youth Cutting Horse Association Area Director. I am a member in good standing and currently passing all my classes in school. I agree to let the NCHA office know if at some point in my one-year term, I am no longer able to represent the members in my Area and fulfill the duties of an Area Director.

Candidate's Signature _____ Date _____

Area _____ Date of birth _____ Shirt size _____

Address _____ City, State, Zip _____

Phone _____ Email address _____

I understand that my son or daughter wishes to serve as a National Youth Cutting Horse Association Area Director and will support him/her in fulfilling his/her responsibilities should he/she be elected. I also understand the importance of an Area Director conducting himself/herself in the highest of standards and support the above certification signed by my son or daughter.

Signed _____ Date _____
Parent or Guardian

**RETURN THIS FORM TO THE NCHA OFFICE BY NOVEMBER 20.
WITH A COPY OF YOUR MOST RECENT REPORT CARD.**