



## 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](mailto: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, [SCDCTA.org](http://SCDCTA.org). 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.: \_\_\_\_\_

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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: \_\_\_\_\_

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