The MHC Policies and Procedures clearly state that the board is allowed to present awards to members who demonstrate outstanding service to the park in meeting its goals and mission.

Pursuant to the MHC Policies and Procedures, the following criteria will be taken into consideration when the board votes on whether a member’s service qualifies to receive an award.

From the MHC Policies and Procedures Document:

XI. ELECTIVE GUIDLINES

A. RECOGNITION AWARDS/INCENTIVE ITEMS/PARK DONATIONS Distribution of recognition awards, incentive items, and park donations shall be approved by the Board and shall be determined by established criteria as follows.

ADULT

A. The Board recognizes the value of volunteer time and effort for the purpose of achievement of Park goals. As such, on an individual case basis, the Board may, at its discretion, approve an award to assist and encourage community involvement at a variety of levels ranging from the award of a Park T-shirt and/or cap, or other minor expendable inventory item, to a one-year-only general Park membership, or lifetime membership in the case of exemplary and significant contribution.

Any member wishing to apply for a recognition award shall fill out the attached form and submit to the board of directors. To be awarded a membership, the member must demonstrate outstanding service to the park in meeting its goals and mission.
Approximate volunteer hours required to receive recognition awards:

**For members in good standing:**

45 Volunteer Hours = BSHP Individual annual membership

55 Volunteer Hours = BSHP Family/Couple membership (volunteer hours can be served by any member of the family 16 years or older)

For an additional 35 hours an individual cross-country pass may be earned.

**For board members:**

There is a higher standard of commitment expected from board members, therefore the criteria and expectation for recognition awards are higher.

70 Volunteer Hours = BSHP Individual annual membership

95 Volunteer Hours = BSHP Family/Couple membership (volunteer hours can be served by any member of the family 16 years or older)

For an additional 60 hours an individual cross-country pass can be earned

**Caveats:**

Only non-compensated volunteer hours may be counted. There are some volunteer positions at some of the organized events that receive an honorarium. These hours may not be counted towards your recognition award.

All hours must be recorded on a volunteer form and signed by the event manager, volunteer coordinator, or an independent board member. Volunteers are responsible to keep a record of their hours. When they reach a number they would like to use to apply for an award, the hours will be verified with the filed documentation.

Forms must be submitted by Nov 30th for consideration of Membership Awards for the following year. All Volunteer Hours must be completed in a single calendar year.
Application for MHC Recognition Award

Applicant Name: _________________________________ Date: _______________________

Address: ___________________________________________________________________

Email: ___________________________ Phone: __________________

Membership Number: ________________________________

Did you serve as a member of the Board of directors for the past year?  Yes  No
Did you hold an officers position?  Yes  No
  If so, what office? __________________________
  Of the 12 board meetings held, how many did you attend? ______________________

Did you serve on any committees?  Yes  No
Did you serve as chair?  Yes  No

Please list below any committees you served on/chaired.

Please list below any significant accomplishments your committee accomplished in the past year.

Did you serve on any task forces (please list which one and accomplishments): Yes  No

Did you attend either or both volunteer days at the park?  One  Both
Did you help out at or organize any shows or events that benefited the park in the past year? Please list all that apply.

(Events may include 3 Buckle Series Shows, Flying Colors Mini Events, Jumper Show, O-Mok-Sees, MJHA Schooling show, Color My Ride Obstacle Challenges, and/or Barrel Races)

Please list any other contributions you have made that benefited the park this past year.

Are you applying for a one-year membership?  Yes  No

Are you also applying for cross-country?  Yes  No

Signature of applicant: _____________________________

Total Number of Volunteer Hours Performed: ________________

FOR BOARD MEMBER USE ONLY:

Do you feel that this applicant should be awarded a one-year membership?  Yes  No

Do you feel that this applicant should be awarded a cross-country membership?  Yes  No

Do you feel that this member should be awarded something else?

T-shirt  Cap  Other: _____________________________
VOLUNTEER HOURS LOG

Name of Volunteer: _____________________________________________
Email: _____________________________________________
Phone: _____________________________________________

Date: ________________ Event Worked: ____________________________
Hours Worked: _________________ Duties: _________________
Name and Signature of Event Organizer:  _______________________________
______________________________________________________________

Date: ________________ Event Worked: ____________________________
Hours Worked: _________________ Duties: _________________
Name and Signature of Event Organizer:  _______________________________
______________________________________________________________

Date: ________________ Event Worked: ____________________________
Hours Worked: _________________ Duties: _________________
Name and Signature of Event Organizer:  _______________________________
______________________________________________________________

Date: ________________ Event Worked: ____________________________
Hours Worked: _________________ Duties: _________________
Name and Signature of Event Organizer:  _______________________________
______________________________________________________________

Date: ________________ Event Worked: ____________________________
Hours Worked: _________________ Duties: _________________
Name and Signature of Event Organizer:  _______________________________
______________________________________________________________
VOLUNTEER HOURS LOG

Name of Volunteer: _____________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________

Date: ________________ Event Worked: ____________________________

Hours Worked: _________________ Duties: _________________

Name and Signature of Event Organizer: _______________________________

__________________________________________________________________________

Date: ________________ Event Worked: ____________________________

Hours Worked: _________________ Duties: _________________

Name and Signature of Event Organizer: _______________________________

__________________________________________________________________________

Date: ________________ Event Worked: ____________________________

Hours Worked: _________________ Duties: _________________

Name and Signature of Event Organizer: _______________________________

__________________________________________________________________________

Date: ________________ Event Worked: ____________________________

Hours Worked: _________________ Duties: _________________

Name and Signature of Event Organizer: _______________________________

__________________________________________________________________________

Date: ________________ Event Worked: ____________________________

Hours Worked: _________________ Duties: _________________

Name and Signature of Event Organizer: _______________________________

__________________________________________________________________________