



CENTER FOR EQUINE THERAPY

UNPAID INTERNSHIP APPLICATION

Date available to begin internship: _____

Personal Information

Last Name:		First Name:		Middle Initial:
Address:				
City:	State:		ZIP:	
Telephone:	Cell:		Email:	

General Background Information

Please complete the following by filling in (X) in	the appropriate boxes and applicable information:	Yes	No
Have you ever been convicted of a misdemeanor or felony? If yes, give dates and details:			

Education

Circle highest level of school completed:	1 2 3 4 5 6 7 8 9 10 11 12	GED	College:	1 2 3 4	
Name of College/University	Location	Attended from/to:	Grad School:	1 2 3 4	Major/Minor
			Hours Completed: <td>Degree Earned</td> <td></td>	Degree Earned	

Related Employment and Volunteer Experience

Job Title:	Supervisor:	Phone #: ()
Employer:	Address:	
Dates Employed: Begin: _____ End: _____	Salary: Begin: _____ End: _____	No. Supervised by you:
Hours per week:	Full Time _____ Part Time _____	Volunteer _____
Reason for leaving:	Special Skills:	
Job Duties: (Be Specific)		

Job Title:	Supervisor:	Phone #: ()
Employer:	Address:	
Dates Employed: Begin: _____ End: _____	Salary: Begin: _____ End: _____	No. Supervised by you:
Hours per week:	Full Time _____ Part Time _____	Volunteer _____
Reason for leaving:	Special Skills:	
Job Duties: (Be Specific)		
Job Title:	Supervisor:	Phone #: ()
Employer:	Address:	
Dates Employed: Begin: _____ End: _____	Salary: Begin: _____ End: _____	No. Supervised by you:
Hours per week:	Full Time _____ Part Time _____	Volunteer _____
Reason for leaving:	Special Skills:	
Job Duties: (Be Specific)		

References (will be contacted prior to internship)

Name	Address	Telephone

Please indicate why would like to be considered for an internship at Southern Reins:

Please indicate what skills or knowledge you would like to attain from your internship:

Please indicate your area(s) of interest:

In order to be considered for an unpaid internship at Southern Reins, you must submit this application and include a cover letter and resume.

All information supplied by me in this application is complete and true to the best of my knowledge.

Signature

Date

Please return this application, as well as your cover letter and resume to:

Meredith Massa
Southern Reins Center for Equine Therapy
12405 Macon Road
Collierville, TN 38017
Meredith.Massa@southernreins.org

901-290-1011
www.southernreins.org