



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) | | |

| | | |
|---|---------------------------------|------------------------|
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| Hours per week: | Full Time _____ Part Time _____ | Volunteer _____ |
| Reason for leaving: | Special Skills: | |
| Job Duties: (Be Specific) | | |
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| 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
916 Billy Bryant Road
Collierville TN 38017
Meredith.massa@southernreins.org

901-290-1011
www.southernreins.org