



# EQUEST

## Internship Application

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about our internship program?  
 \_\_\_\_\_  
 \_\_\_\_\_

### Availability

Please mark your availability below								Year:	Please check semesters of availability:	
	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Start Date:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Morning								End Date:	<input type="checkbox"/> Summer	<input type="checkbox"/> Other
Afternoon								Please explain other:		
Evening										

### Areas of Interest

Please rank your areas of interest (1 being most interested)

Non-Profit Management       Volunteer Management  
 Therapeutic Riding Instructor       Equine Management  
 Other, Please Explain: \_\_\_\_\_

### Experience & Education

Current Employment Status:  Full-Time  Part-Time  Not Employed

Current or most recent paid position:  
 \_\_\_\_\_

Are you a full-time student?  Yes  No      School: \_\_\_\_\_

Level:  Freshman  Sophomore  
 Junior  Senior  
 Grad Student      Areas of Study: \_\_\_\_\_

Do you speak any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the language(s): Fluent: Semi-fluent: Basic:
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Computer Skills/Software Experience:

Please describe your experience involving people with disabilities:

If your area of interest is instructor or equine related, please list your equine/equestrian and/or teaching experience:

**Personal Information**

Why are you interested in an internship with Equest?

Please list three to six specific objectives you would like to accomplish through this internship. Please use bullet points.

Describe your long-term career goals.

Personal Reference #1 Name: Relation: Phone: Email:	Personal Reference #2 Name: Relation: Phone: Email:
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**Disclaimer & Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship agreement, I understand that false or misleading information in my application may result in my release.

Signature:	Date:
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Please return this form with your resume to:  
**Equest**  
**Attn: Internship Program**  
**P.O. Box 171779, Dallas, Texas 75217**  
or email to Amy Causey, Director of Program Quality and Development at [acausey@equest.org](mailto:acausey@equest.org)