



# 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:	
	Mon	Tues	Wed	Thur	Fri	N/A	N/A	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)

Equine/Barn Management  Office Management  
 Therapeutic Riding Instructor  Pre Vocational Program 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?

Yes

No

If yes, please list the language(s):

Fluent:

Semi-fluent:

Basic:

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 JoyRide Center?:

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 application along with your resume to:  
**JoyRide Center, Inc.**  
**Attn: Internship Program**  
**29550 Tudor Way**  
**Magnolia, Texas 77355**  
or email to Emma Lean, Director of Operations, at [elian@joyridecenter.org](mailto:elian@joyridecenter.org)