**PRE-GRADUATE EQUINE WORKING STUDENT PROGRAM**

Spring and Summer Semesters 2019

|  |  |
| --- | --- |
| Name\* |  |
| Current address |  |
| Permanent address |  |
| Telephone numbers |  |
| E-mail address |  |
| Date of birth |  |
| Proposed dates of internship |  |
| School and year |  |
| Major |  |
| Area of interest |  |
| Experience with horses  (Personal, scholastic, and/or work) |  |
| Why are you interested in this internship? |  |

\* Please attach a photo to complete your file.

|  |  |
| --- | --- |
| What do you see as your goals for this internship? |  |
| Are you fulfilling a curriculum prerequisite or is this a work experience to be used for future employment? |  |
| Please indicate which internship you are interested in, in order of preference, by numbering 1, 2 or 3. Or simply indicate no preference. | □ Equine reproduction  □ Ambulatory (Must commit mid Jan to mid June)  □ Hospital  □ No preference  **If there are areas you are not interested in please do not list them.** |
| Applicant’s signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Date |
| Comments by Course Director/Professor in support of application - if used for college credit\*.  If you are not using this for college credit, please attach a letter of reference.  \*Can be e-mailed:  ogues@petersonsmith.com |  |
| Certification by Course Director | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature Date |

## Please complete and return this form to Olivia Guess, by October 1st, 2018 (for spring semester) and February 1st, 2019 (for the summer semester). Selections will be made by November 1st and March 1st respectively.

**Peterson & Smith Hospital is a drug free workplace.**

**We carry out on-entry and random drug testing.**