

Crossroads Horse Ministry Intern Application

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Date of Birth: _____ Phone #: _____

E-Mail Address: _____

School: _____ Grade: _____

If College, Major/Minor: _____

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Relationship: _____ Phone #: _____

Personal Information

How did you hear about Crossroads Horse Ministry? _____

Why do you want to be a part of the Crossroads Horse Ministry Internship Program?

Health History

Please list any medical conditions/problems/serious injuries: _____

Please list all known allergies including food, medicinal, or environmental (hay, insect stings, animals, etc.): _____

Is there any diet/nutritional related information we should be made aware of? (Lactose intolerant, gluten free, etc.) _____

Please list any medications you are currently taking (including prescription, over-the-counter, herbal, vitamins, etc.): _____

Are you currently receiving care from any doctors, chiropractors, health care professionals?
If so, what conditions they are treating you for? _____

Please list any surgeries or hospitalizations that you have had and their approximate date/year: _____

Have you ever been treated for, or struggled with, anything relating to mental/emotional/social health? If so, please elaborate. (Including, but not limited to, depression, ADD, ADHD, traumatic life events, eating disorders, anger, etc.) _____

Do you currently have health insurance? _____

Personal Struggles

In the past 6 months have you struggled with alcohol abuse, drugs, narcotics, hallucinogens, or other medications not prescribed by a physician? If yes, please explain: _____

Have you ever been convicted of a crime? If yes, please explain: _____

Commitment

Are you willing to commit to the necessary time requirements for the Crossroads Horse Ministry Internship Program? (This may include being awake as early as 5:00am, and being home as late as 9:00pm): _____

What are the dates you are available to come? _____

Unfortunately, with only three intern spots to fill, not every applicant will be a hired on. If we are not able to take you on for 2020, would you be interested and available for the summer of 2021? _____

Additional Comments

Is there any further information you would like to communicate with us regarding your application to the Crossroads Horse Ministry Internship Program? _____

References

Please provide the contact information for three references that we may contact. Acceptable references may include past employer, church leader, community leader, mentor, teacher, a non-related adult, etc. **(Please do not include any relatives as references):**

Name	Relation/Title	Phone Number	E-Mail Address

Application Authorization

The signature below indicates that I, _____, have filled out this application truthfully and to the best of my knowledge. I fully understand that consideration for the Crossroads Horse Ministry summer internship is conditional upon the result of a reference check. In connection with my application, I hereby authorize Crossroads Horse Ministry to investigate and verify information about my background with employers, references, appropriate personnel, and other resources, as they deem necessary. Furthermore, I authorize that references may disclose any and all information regarding my history, character, habits, or other areas of importance to Crossroads Horse Ministry. I release from liability all persons disclosing information and waive the right to bring any lawsuit against them. I understand that this application is not intended to be a contract of employment. I further understand that, in the event of employment, any untrue, misleading, or omitted information given in this application may result in dismissal from the Crossroads Horse Ministry intern program.

Signature

Date