

MAPLEWOOD STABLES  
APPLICATION FOR INTERNSHIP

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE # AND STATE ISSUED \_\_\_\_\_

IS YOUR DRIVING RECORD CLEAN? YES NO

IF NOT, EXPLAIN \_\_\_\_\_

HEALTH INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Main Name and SS on Policy \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ HEALTH ISSUES \_\_\_\_\_

DO YOU SMOKE? YES NO

PARENT or LEGAL GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_

WILL YOU REQUIRE HOUSING? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO IF YES,

EXPLAIN \_\_\_\_\_

RIDING EXPERIENCE

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ALL INTERNS MUST DECLARE PROFESSIONAL STATUS WITH USEF Signature \_\_\_\_\_

PAYMENT \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_ Acknowledge that all the above statements are true to the best of my knowledge. I also, acknowledge that if accepted into this program, I will represent Maplewood Stables, Inc. with the utmost respect, professionalism and enthusiasm during my internship.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_