



Internship Application

Thank you for your interest in the Maryland Horse Council / METS Internship Program. Please be sure to read the program description and requirements before completing this form. Applications can be emailed to METS@mdhorsecouncil.org or sent to the Maryland Horse Council, P.O. Box 606, Lisbon, MD 21765, and must be RECEIVED by the dates listed below.

INTERNSHIP SESSION / Application Due Date:

I am applying for: Fall 2018 (August 1st) Spring 2019 (October 15th) Summer 2019 (April 15th)

APPLICANT'S INFORMATION

First Name _____ Last Name _____

Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

ENROLLMENT INFORMATION

I am a: College Student High School Student (*must be rising senior or senior*)

Name of School _____ City _____ State _____

Level: Freshman Sophomore Junior Senior

INTERNSHIP TRACK – *select only one*

I am interested in: Public Education Program Management Advocacy (spring only)

INTEREST and EXPERIENCE

Please provide detailed responses to the following questions:

1. Why are you interested in this internship?

2. Tell us why you are interested in the specific track you selected.

3. Describe your horse-handling experience.

4. What specific skills can you bring to the Maryland Equine Transition Service?

5. What do believe the horse industry should do to ensure the welfare of all horses?

6. What are your career goals?

LETTERS OF RECOMMENDATION

Please submit two (2) letters of recommendation with your application. METS prefers one letter from someone familiar with your academic abilities and career goals, and one letter from someone familiar with your equine-related experience.

LOGISTICAL / OTHER INFORMATION

Will you have transportation to Lisbon, Maryland? Yes No

Will you be at least 17yo when the internship begins? Yes No

For applicants under the age of 18, a parent will be required to sign this form as well as a release of liability form should you be selected.

How did you hear about this internship? _____

SIGNATURES

All information in this application is true to the best of my knowledge. I understand that submission of this application may not result in an offer for an internship and selections made by the METS Intern Selection Committee are final. If selected, I will notify MHC/METS of acceptance within 10 days of notification or forfeit the position to another candidate.

Signature (of Applicant)

Date

Signature of Parent (if applicant is under 18)

Date

Printed Name of Parent

Phone Number of Parent