



Mane Stream

Providing *Unbridled Possibilities* for Children & Adults with Special Needs

UNPAID INTERNSHIP APPLICATION

Applicant Information

Last Name:	First:	Date:
Street Address:		
City:	State:	Zip
Primary Phone:	Alternate Phone:	
Email Address:		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about Mane Stream?		

Availability

Please check semesters of availability: Year _____		Start Date: _____	End Date: _____				
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain:							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Areas of Interest

Primary area of interest (please select only one):
<input type="checkbox"/> Summer Camp <input type="checkbox"/> Other (Please Explain):

Experience/Education

Current employment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Not Employed
Current or most recent paid position held:	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school:
Level: <input type="checkbox"/> High School <input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate Student	Areas of study:

Do you speak any other languages? Including ASL <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the language(s) you are: Fluent: Semi-fluent: Basic:
Computer Skills/Software Used:	
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 Mane Stream?	
Please list three to six specific objectives you would like to accomplish while at Mane Stream.	
Describe your long-term career goals.	
Professional References	
Name	Relationship and contact info (e-mail and/or phone number)
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

Please return this form with your resume to the Volunteer Coordinator:
volunteer@manestreamnj.org