

Pegasus



EQUINE THERAPY, LLC

*A World of Change*

### INTERN APPLICATION

Full name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ Apartment/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact: Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Do you text \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date \_\_\_\_\_

### REFERENCES

*Please list two professional references:*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Full Name: \_\_\_\_\_ Title \_\_\_\_\_

Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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