



EDEN FARMS

proud home of

Happy Hooves
Therapeutic Equestrian Center

864-898-0043 www.EdenFarms.net edenfarmssc@aol.com

4700 Dacusville Hwy, Marietta, SC 9661

Internship and Practicum Application for
Eden Farms and Happy Hooves Therapeutic Equestrian Center

Thank you for your interest in an internship or practicum with Happy Hooves Therapeutic Equestrian Center at Eden Farms! For 12 years we have enjoyed having many students fulfill their internship and practicum requirements at our farm. Please complete the following form, and then mail it in in, drop it by Eden Farms, or scan and email it. We will be in touch!

Date: _____

Name: _____ Birth Date: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Mailing address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell phone: _____ (Please circle primary phone contact.)

Email: _____

College/University currently attending (if relevant): _____

Faculty Advisor (if relevant): _____

Phone: _____ E-Mail: _____

How did you learn about Happy Hooves? _____

Courses you have taken relevant to your internship, if applicable (please list title, not number):

Are you comfortable working around horses? Yes No

Do you have horse experience? Little/none Some Considerable

Please describe:

Do you have training or experience working with people with special needs? Yes No

Please describe:

Are you willing and physically able to handle physical labor, walk a part of the day, work in all weather conditions and lift at least 40lbs? Yes No

If No, please explain:

What kind of supervision do you work best under?

When do you need to know about your internship by? _____

Do you have any animal or outdoor allergies? Yes No

If Yes, please explain:

What goals are you hoping to accomplish during your internship time?

Are there certain aspects of an equine assisted services center that you would like to focus?

If your internship is for university credit, what are the universities requirements of the site supervisor?

For example, are there required reviews, evaluations, periodic meetings or phone calls with the faculty advisor...

It is important that we know all site supervisory responsibilities prior to agreeing to host an internship.

Internships may be terminated at any time by either the intern or Eden Farms and Happy Hooves and must be accompanied by a written statement for the reason of termination. Eden Farms and Happy Hooves will not be liable for the college credit or the grades received by the intern for the internship.

Applicant Signature _____ Date _____

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Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

In case of an Emergency, Contact: (name) _____

Phone: _____ Relationship: _____

Check areas in which you are interested:

Program

- Horse Handling
- Side walking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Photo Release

- I DO
 DO NOT

consent to and authorize the use and reproduction by Happy Hooves Therapeutic Riding Center at Eden Farms of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Have you ever been charged with or convicted of a crime? Y N Please explain _____

I, _____ (intern/practicum student), authorize Eden Farms and Happy Hooves to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my applications an employee/volunteer, and I expressly DO NOT authorize the PATH center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date _____
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

Availability

How many hours per week are you able to commit to this internship/practicum)? _____

Available Start Date: _____ End Date: _____

What days and times are you available to intern? (Please check days and write in time(s))

Mondays _____ Tuesdays _____

Wednesdays _____ Thursdays _____

Fridays _____ Saturdays _____ Sundays (we are typically closed on Sundays)

Please write additional explanations if needed:

Please circle I am flexible I prefer certain days

During the course of your internship are there any days or weeks are you not available to intern? Yes No

If Yes, please list:

References:

Please list two (non family) references that have knowledge of your character, work and social habits

1. _____

Phone _____

2. _____

Phone _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

RELEASE

I acknowledge that lessons, competition, and pleasure riding contain inherent risks of injury and damage to my person, to my horse and to my equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form and for allowing me to use your facilities hereby for myself, my heirs, executors and administrators, waive, release and discharge and hold harmless Eden Farms, L.P., and Happy Hooves, Inc., their owners, board of directors, officers, and all individual members thereof and all other persons organizations in any way connected with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs executors, administrators and assignees from any and all right, claim or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation caused by my own acts or omissions or the acts or omissions of anyone or any animal within my control. I further agree that I will defend, indemnify, and hold harmless Eden Farms, L.P., Happy Hooves, Inc., their owners, officers directors, members and agents or any of them against all claims, demands, and causes of action including court costs, and attorney fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether known or unknown and expressly waive any benefits I may have relating to the release of unknown claims. I also agree to allow any pictures taken of me by Eden Farms, L.P. or Happy Hooves, Inc. to be used for any publicity without any compensation being paid to me.

I do acknowledge that I have read the foregoing paragraph and know and understand the content thereof. By signing below, I affirmatively state that I understand that as a volunteer at Eden Farms/Happy Hooves, I agree to release, discharge, and hold harmless all instructors, therapists, horse owners, staff, or any and all parties, agents, employees, or representatives involved with Happy Hooves from liability for all manner of claims, demands, and damages I may have, whether for property damage or personal injury, resulting from or in any way growing out of my participation as such a volunteer for Happy Hooves.

Signature _____

Date _____

Parents Signature if under 18 years of age: _____