



2ND CHANCE YOUTH RANCH

APPLICATION FOR INTERNSHIP

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

DATE: _____ ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? YES NO

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EMPLOYER INFORMATION:

NAME OF EMPLOYER: _____ POSITION: _____

ADDRESS: _____ PHONE:- _____

SUPERVISOR: _____ MAY WE CONTACT: YES NO

PLEASE LIST PREVIOUS EMPLOYER/VOLUNTEER EXPERIENCE:

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

RESPONSIBILITIES: _____

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

RESPONSIBILITIES: _____

NAME OF ORGANIZATION: _____ DATES: _____

PHONE: _____ SUPERVISOR: _____ MAY WE CONTACT? YES NO

WHAT IS YOUR FAVORITE BIBLE VERSE, AND WHY?

HAVE YOU EVER LED SOMEONE TO SALVATION? IF SO, PLEASE BRIEFLY EXPLAIN HOW IT HAPPENED:

FOR THIS NEXT QUESTION, IF YOU HAVE NEVER PERFORMED AN EQUINE MENTORSHIP SESSION, PLEASE DO YOUR BEST AND BE CREATIVE ON HOW YOU THINK THIS SCENARIO WOULD GO. REMEMBER, THERE IS NO RIGHT OR WRONG ANSWER.

SCENARIO:

YOU ARE SCHEDULED TO PERFORM AN EQUINE MENTORSHIP SESSION WITH A NEW YOUTH THAT YOU HAVE NEVER MET BEFORE. YOU HAVE SPENT TIME PRAYING AND LISTENING TO THE HOLY SPIRIT ON HOW HE WANTS YOU TO ORCHESTRATE IT. PLEASE WRITE OUT HOW YOU WOULD ENVISION THE SESSION GOING, SUCH AS YOUR ACTIVITIES, VERSES THAT YOU MAY USE, AND ANY PROPS (INCLUDING THE HORSE) THAT YOU WOULD USE TO ILLUSTRATE THE MESSAGE THAT THE HOLY SPIRIT HAS GIVEN YOU TO CONVEY TO THE YOUTH.

FOR EXAMPLE:

WHEN MY CLIENT ARRIVES WE'RE GOING TO BREAK THE ICE BY GROOMING THE HORSE AND APPLYING FLY SPRAY. WHEN I TEACH THE YOUTH HOW TO APPLY FLY SPRAY, I AM GOING TO TELL THEM THAT WE USE FLY SPRAY FOR A NUMBER OF REASONS, BUT ALSO BECAUSE FLIES CAN TAKE THE JOY OUT OF A HORSE'S DAY, BY BITING THEM AND BUZZING AROUND THEM. I WILL THEN INCORPORATE PSALM 16:11 (YOU WILL MAKE KNOWN TO ME THE PATH OF LIFE; IN YOUR PRESENCE IS FULLNESS OF JOY), AND NEHEMIAH 8:10 (THE JOY OF THE LORD IS YOUR

REFERENCES

NAME: _____ HOW MANY YEARS KNOWN? _____

PHONE: _____ EMAIL: _____

PROFESSIONAL PERSONAL

NAME: _____ HOW MANY YEARS KNOWN? _____

PHONE: _____ EMAIL: _____

PROFESSIONAL PERSONAL

NAME: _____ HOW MANY YEARS KNOWN? _____

PHONE: _____ EMAIL: _____

PROFESSIONAL PERSONAL

I AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY 2ND CHANCE YOUTH RANCH AS THEY RELATE TO THE POSITION I AM VOLUNTEERING FOR. I AUTHORIZE 2ND CHANCE YOUTH RANCH TO INVESTIGATE MY BACKGROUND AS IS DETERMINED NECESSARY FOR THE POSITION FOR WHICH I AM VOLUNTEERING FOR.

I AGREE AND UNDERSTAND THAT THE GUESTS SERVED BY 2ND CHANCE YOUTH RANCH HAVE MANY DIVERSE NEEDS AND CONDITIONS, WHICH MAY INCLUDE MENTAL, EMOTIONAL, PHYSICAL, AND SOCIAL MALADJUSTMENTS. AND THAT I WILL BE WORKING WITH HORSES THAT ARE UNPREDICTABLE. I HEREBY RELEASE 2ND CHANCE YOUTH RANCH AND ITS BOARD MEMBERS, DIRECTORS, STAFF, AND AGENTS FROM ANY AND ALL CLAIMS, RESPONSIBILITY, LIABILITY, OR CAUSES OF ACTION, FOR ANY INJURY, LOSS, OR DAMAGE THAT I MAY INCUR IN CONNECTION WITH MY VOLUNTEER ACTIVITIES AT 2ND CHANCE YOUTH RANCH.

I ATTEST THAT ALL INFORMATION I HAVE PROVIDED IS BOTH ACCURATE AND TRUTHFUL.

_____ DATE: _____

PLEASE SEND TO 2CYR, 7202 181ST AVE NW, RAMSEY, MN 55303 OR CONTACT@2NDCHANCEYOUTHANCH.ORG