



Cheff Therapeutic Riding Center
APPRENTICE APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Are you 18 years or older? Yes No

Current First Aid & CPR cards? Yes No If yes, exp date: _____

What month would you like to begin your instructor apprenticeship? _____

When do you plan to attend an Instructor Workshop/Certification? _____

Briefly describe your experience working with individuals with special needs:

Briefly describe your horse experience: _____

Write in times below that you would be available to teach:

	Begin	End
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

By signing below, I understand that my apprenticeship position is for training purposes only and does not entitle me to employment at the Cheff Therapeutic Riding Center at the conclusion of the certification process.

Applicant Signature

Date

OFFICE USE ONLY

Date Received	Entrance Interview	Mentor Instructor	Exit Interview	Fee Paid