



16201 Gordon Cummings Road | Canyon, TX 79015

806-376-0808 | ali@dcertx.org

www.dovecreekequinerescue.org

Dove Creek Equine Rescue Internship

Sponsorship: \$5,000

Internship Overview

Position: Assistant Horse Trainer Intern

Location: Dove Creek Equine Rescue

Duration: Two five-month Internship sessions

Summer - Fall (June - October)

Spring (January - May)

Hours: 17 Hours per week

Wage: \$125.00 Weekly

Responsibilities

- Assist the horse trainer with daily training routines and exercises.
- Help with grooming, feeding, and caring for the horses.
- Observe and learn training techniques and methods.
- Participate in the maintenance of the facility, including cleaning stalls and organizing equipment.
- Support any special programs or events organized by the rescue (Summer camp)

Requirements

- Passion for horses and animal care.
- Basic knowledge of horse handling, riding, and horse behavior.
- Ability to work outdoors in various weather conditions.
- Good communication skills and willingness to learn and receive constructive feedback from the Horse Trainer.
- Must be reliable and punctual.
- Confident and patient nature while engaging with horses at DCER

Benefits

- Unique hands-on experience in horse training and care with a variety of horses from different circumstances.
- Opportunity to learn from an experienced trainer.
- Development of teamwork and leadership skills.
- Potential for networking in the equine industry.



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Application Process

- Interested candidates should submit a resume and a brief cover letter explaining their interest in the position.
- Interviews will be conducted on a rolling basis until the position is filled.

This internship provides a great opportunity for students interested in equine management, training, or animal care.



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Internship Application

Name: _____

Date: _____

School attending: _____

Year: _____

Major: _____

GPA: _____

School Address: _____

Home Address: _____

Email Address: _____

Phone Number: _____

Field of Study Desired: _____

Internship Hours per week Desired: _____

Advisor name: _____

Advisor phone number: _____

Semester wanted (circle one): Spring (January – May) Summer (June – October)

Please answer the following questions:

1. Dove Creek Ranch and Equine Rescue are open to the public, so we must maintain a high level of professionalism when it comes to staff and interns' work ethics, attention to detail, safety, and responsibility to the horses and people. What qualities do you possess that will allow you to excel within and contribute to the team structure? What characteristics do you possess that make you qualified to be in our program and trusted with the lives and well-being of our horses?



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2. While our main goal is to rehabilitate and find new homes for every horse that comes through our ranch, there are some that we simply cannot save. What is your viewpoint when it comes to humane euthanasia, and do you feel you can handle the death of a horse?
3. We constantly have visitors from the general public coming to our farm for tours, orientations, appointments, donations, etc. It is important to present Dove Creek Ranch and Equine Rescue in a very courteous and professional manner, and in a way that will promote attention and funding. Do you see yourself as a suitable representative of Dove Creek Ranch and Equine Rescue?
4. What specific goals are you hoping to accomplish during your internship time at Dove Creek Ranch and Equine Rescue?



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5. Please give a brief Bio of your life journey at this point, and why Dove Creek Ranch and Equine Rescue would be a good fit for you.

6. Is there any additional information that you would like to share with us? Are there any qualities that you possess that were not addressed in this application that you would like to share?

7. Please sign and have your advisor sign this application. If completing this form online, please have your advisor contact us by email (Info@dcertx.org) stating that this internship has been approved.



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AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Dove Creek Equine Rescue to investigate my background and qualifications to evaluate whether I am qualified for the position for which I am applying. I understand that Dove Creek Equine Rescue will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my employment application will not be processed further.

Signature of Applicant

Date

Applicant Name – Printed

Student signature: _____

Date: _____

Advisor signature: _____

Date: _____

Thank you and we look forward to working with you!



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DOVE CREEK EQUINE RESCUE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

☐ I DO CONSENT TO EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with Dove Creek Equine Rescue, I authorize them or their representatives to:

1. Obtain medical treatment and or transportation if needed
2. Release records upon request to the authorized agency or its representatives involved in the medical emergency treatment

Name: _____
Telephone: _____
Address: _____
City/state/zip: _____

In the event of an emergency, contact:

Name: _____
Telephone: _____
Relationship: _____

Physician's name: _____
Medical Facility: _____
Telephone: _____
Health Insurance Company: _____
Policy: _____

To provide the best care possible, please indicate below:

I am allergic to the following medications:

I have the following ongoing medical conditions (e.g., diabetes, seizures, etc.): _____



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Date: _____

Signature: _____

☐ **I DO NOT CONSENT TO EMERGENCY MEDICAL TREATMENT**

I hereby DO NOT give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with Dove Creek Equine Rescue. If emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____

Signature: _____

Name: _____