



Sunrise Therapeutic Riding & Learning Centre
6920 Concession 1 RR#2, Puslinch, Ontario N0B 2J0 • 519-837-0558 • Fax 519-837-1233
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STUDENT INSTRUCTOR PROGRAM APPLICATION

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Height*: _____ Weight*: _____ (*these are for weight/horse ratio and riding purposes.)
Address: _____
City: _____ Prov./State: _____ Country: _____
Telephone Number: _____ Cellphone Number: _____
E-Mail Address: _____

HORSE/RIDING INFORMATION

How many years of riding experience do you have? _____

Beginner Intermediate Advance Dressage Jumping

Please briefly outline your riding experience:

Have you been a member of Pony Club? Yes No Level: _____

Have you owned a horse? Yes No

If yes, was your horse... Boarded Kept at Home

Do you have any instructor certification? Yes No

If yes, please explain further:

Do you have any experience in a therapeutic riding facility? Yes No

If yes, please explain further:

EDUCATION & EXPERIENCE INFORMATION

Please attach your resume with two (2) written references with your application.

Please explain your educational background:

Do you have experience with people with exceptionalities? Yes No

If yes, please explain your experience:

ACCOMMODATION INFORMATION

Do you need accommodation? Yes No

If yes, do you smoke? Yes No

OTHER INFORMATION

Please indicate the time period for which you are applying:

March – June Year: _____

August – December Year: _____

Do you have First-Aid/ CPR certification? Yes No

Please explain why you are applying for this program? Please outline your expectations.

Applicant's Signature

Date