

Brown Ledge Camp

Horsemanship Department

APPLICATION FOR EMPLOYMENT

Summer Address:

71 Brown Ledge Road
Colchester, Vermont 05446
(802) 862-2442 / 1-800-246-1958
FAX: (802) 658-1614

Winter Address:

25 Wilson Street
Burlington, Vermont 05401
(802) 862-2442 / 1-800-246-1958
FAX: (802) 658-1614

1. NAME: _____ BIRTHDATE: _____

PERMANENT ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

SCHOOL OR CURRENT ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

2. PRESENT EMPLOYMENT OR SCHOOL STATUS: _____

3. EDUCATIONAL BACKGROUND: _____

4. HORSEMANSHIP DEPARTMENT AT BROWN LEDGE CAMP: Please place the number 1 next to those areas of horsemanship which you could teach as an expert; 2 next to those which you could assist in teaching; and 3 next to those in which you have had limited experience.

___ Dressage

- ___ Novice & Training Level
- ___ 1st Level
- ___ 2nd Level
- ___ 3rd Level
- ___ 4th Level & Higher

___ Equitation

- ___ Beginner - W/T
- ___ W/T/C & X-Poles
- ___ Short Stirrup
- ___ Pony & Children's
- ___ Medal/Maclay

___ Hunter/Jumper

- ___ Short & Long Stirrup
- ___ Pony & Children's
- ___ Junior/Amateur Owner

___ Eventing

- ___ Novice & Training
- ___ Preliminary
- ___ Intermediate
- ___ Advanced

5. HORSE CARE KNOWLEDGE: Please place the number 1 next to those areas of horse care which you could teach as an expert; 2 next to those which you could assist in teaching; and 3 next to those in which you have had limited experience.

___ Breeds & Colors

___ Teeth & Aging

___ Lameness

___ Tack

___ Conformation

___ Shoeing

___ Illness

___ Hay & Feed

6. VETERINARY/HORSE GROOMING/DAILY CARE EXPERIENCE: Please place a Y (for yes) or an N (for no) next to each of the following items regarding whether or not you are capable of performing the following:

- | | |
|--|--|
| <input type="checkbox"/> Diagnosing Colic | <input type="checkbox"/> Diagnosing Lameness (including which leg) |
| <input type="checkbox"/> Diagnosing Thrush | <input type="checkbox"/> Administering an IM shot |
| <input type="checkbox"/> Administering an IV shot | <input type="checkbox"/> Pulling manes |
| <input type="checkbox"/> Able to tube worm a horse | <input type="checkbox"/> Face, Ears & Fetlock Clipping |
| <input type="checkbox"/> Using a Twitch on a horse | <input type="checkbox"/> Properly applying polo wraps |
| <input type="checkbox"/> Properly applying standing wraps | <input type="checkbox"/> Properly applying shipping wraps |
| <input type="checkbox"/> Adjusting tack for proper fit | <input type="checkbox"/> Able to muck, strip & bed a stall |
| <input type="checkbox"/> Creating a basic dressage test with proper meter measurements | |
| <input type="checkbox"/> Setting a course of jumps with the proper striding between fences | |
| <input type="checkbox"/> Determining when the horses under your care need to be seen by the farrier – for reset, new shoes or thrown shoes | |
| <input type="checkbox"/> Determine best bits to use on various types of horses | |
| <input type="checkbox"/> Able to apply poultice | |
| <input type="checkbox"/> Determine weight loss/gain in horses under your care | |

7. COMPETITION EXPERIENCE: Please note in which area of equestrian competition you have participated and tell us to what level you have been successful.

- | | |
|---|---------------|
| <input type="checkbox"/> Dressage: Level _____ | USDF#: _____ |
| <input type="checkbox"/> Hunter/Jumper: Division(s) _____ | USEF#: _____ |
| <input type="checkbox"/> Eventing: Division(s) _____ | USEA#: _____ |
| <input type="checkbox"/> Intercollegiate: Division(s) _____ | IHSA#: _____ |
| <input type="checkbox"/> Pony Club: Name of Club: _____ | Rating: _____ |

Please give specific details about your competition experiences and achievements: _____

8. TEACHING EXPERIENCE: Please describe your teaching experience, including if it was on an individual basis or in a group setting. Tell us how long you have been teaching, what levels you instruct and the age of your students. _____

9. Do you have any previous camp experience? Please describe: _____

10. Please list any additional teaching experience or work with children: _____

11. Please describe any skills you possess which may contribute to Brown Ledge yet are not yet listed above: _____

12. What contribution do you believe you could make to Brown Ledge? _____

13. What aspects of Brown Ledge and its program might you find most difficult/challenging?

14. Have you ever been arrested for anything other than a minor motor vehicle traffic violation?

_____ no _____ yes – If yes, please provide details: _____

15. Please list three references who could provide information on your training, experience and character:

1. Name: _____

Address: _____

Phone: Home: _____ Work: _____

Email: _____

How long have you known reference? _____

In what capacity? _____

