

Colorado State University  
Equine Sciences  
Internship Program

*Cooperator Interest Form*

**Contact Information:** (Please type or print legibly)

**Contact Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(street, P.O. Box, City, State, Zip)

**Phone: Office:** \_\_\_\_\_ **home:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Website address:** \_\_\_\_\_

**Location of internship:** \_\_\_\_\_

(city, state, or country)

**Dates Intern is needed:** \_\_\_\_\_ **Estimated Hours Per Day:** \_\_\_\_\_

**How many Interns are being requested at this time?** \_\_\_\_\_

**Internship Title:** \_\_\_\_\_

**Position experiences will include: (List duties you would like intern to perform/ be responsible for)**

**Is similar prior experience necessary?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What will the cooperator provide in terms of:**

- **Lodging/Housing?** \_\_\_\_\_
- **Salary?** \_\_\_\_\_
- **Transportation?** \_\_\_\_\_
- **Medical Expenses?** \_\_\_\_\_
- **Meals, Laundry, etc...?** \_\_\_\_\_

**Any other unique qualifications needed? (e.g. Age, Grade Level, Physical Requirements for the position?)**

**Desired Characteristics: (e.g. person qualities, skills, likes to work alone, likes to work in teams, etc.)**

**Please return to: Tiare Wells, 701 S. Overland Trail ETRC, Fort Collins, CO 80523  
(970)491-8504, Fax (970)491-8419**