



**ERVC Application** Equine Rescue Volunteer Certification Application

Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Alternate \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: Junior Senior

Employer/School: \_\_\_\_\_

Number of Years: \_\_\_\_\_

Highest Level of \_\_\_\_\_

Education:

Current Horse < 1 Year 1-3 3-6 > 6 Years

Experience: Years Years

Do You Own A \_\_\_\_\_  
Horse?

Class Date: \_\_\_\_\_

*Please go to <http://www.equineinstitute.com/class-schedule.htm> for class dates.*

Visa Mastercard

Credit Card Information:

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

This authorizes the charge of **\$150** as tuition for the **Equine Rescue Volunteer Certification Course** at The Equine Institute.

Signature: \_\_\_\_\_

Please send completed applications by one of the following methods.

Mail to: Equine Institute  
1215 Fletcher Broome Road  
Monroe, NC 28112

Email to: [info@equineinstitute.com](mailto:info@equineinstitute.com)

Fax to: 704-845-5321