



Disaster Planning & Emergency Preparedness Instructor Application

(please complete both pages)



Name: _____

Date of birth: _____

Email address: _____

Mailing address: _____

Phone number(s): _____

Course date: _____

Course location: _____

Vest Size: _____

Payment method:

- PayPal on website
- PayPal Invoice (will be sent to email provided)
- Personal Check*
- Credit Card (details below)

Credit card number: _____

Expiry date: _____

CCV: _____

* Make checks payable to "A Stable Connection and mail to 10961 Lake Forest Drive, Conroe, TX 77384, USA

Enrolling in: Disaster Planning & Emergency Preparedness Instructor Training (\$1599.00)

In signing this application, I understand that, as an Equi-Health Canada/Equi-First Aid USA Instructor:
 I will be an independent contractor, responsible for my own business activities
 I will be required to adhere to all Equi-Health Canada/Equi-First Aid USA standards & policies
 I will be required to abide by the Equi-Health Canada/Equi-First Aid USA code of ethics.

Applicant's signature: _____ Date: _____

Affiliate: A Stable Connection www.astableconnection.com 10961 Lake Forest Drive, Conroe, TX 77384, USA.
 Phone: 936-827-5694 email: lis@astableconnection.com

Head Office: Equi-Health Canada www.equi-healthcanada.com PO Box 551, Station Main, Okotoks, Alberta, Canada T1S 1A7 phone
 (403) 700-9152 fax (403) 982-0957

Outline your equine, livestock and disaster/emergency preparedness/response experience

Have you taken any disaster or emergency preparedness training? Yes No

What would teaching the course mean to you?

Additional comments

Please save your completed form and email it to: lis@astableconnection.com

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