



# Volunteer Application

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Birthday \_\_\_\_\_

How is the best way to reach you? \_\_\_\_\_

How did you hear about Yoga for the People?

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How do you see yourself becoming involved with Yoga for the People?

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What skills or knowledge would you want to offer to Yoga for the People?

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What skills or knowledge would you to learn by being involved with Yoga for the People?

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Yes, I am interested in teaching or assisting with classes!

What style(s) of yoga are you trained to teach? \_\_\_\_\_

Where did you attend teacher training? Studio/Training Center Name \_\_\_\_\_

City, State \_\_\_\_\_

When did you graduate teacher training? Month/Year \_\_\_\_\_

Do you have teacher insurance?  Yes  No

*\*\*Please include a copy of your proof of insurance when you submit this form\*\**

Are you registered with Yoga Alliance?  Yes  No

Are you certified in CPR?  Yes  No

When would you be available to teach? \_\_\_\_\_

*Please list days of the week and times of day.*

What age group(s) would you want to teach? \_\_\_\_\_

Is there anything else you would like us to know about you?

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Thank you for your interest! Please e-mail the completed form to [sarah@yogaforthepeople.org](mailto:sarah@yogaforthepeople.org) and we will be in contact with you shortly.

**REMEMBER: PLEASE ATTACH A COPY OF YOUR PROOF OF INSURANCE.**

We look forward to working with you! Namasté.

Submit Form