**Yoga for the People – Site Application**

**Organization Information**

Name of Organization:

Are you part of a larger organization?

Location of potential YFP programming:

Contact Person:

Title:

Address:

Phone:

E-mail:

Best way to contact?

**How did you hear about YFP?**

**Details of classes:**

* Preferred Day/Time:
* Frequency:
* Length of class:
* Expected Start Date:
* Expected End Date:

**Program Information**

Have you had yoga or other alternative health care at your organization in the past?

What outcomes would you like to see from yoga at your organization?

How do you see yoga fitting into your current programming and organizational culture?

Who will attend the yoga programming? Clients, staff or both? Other? (community members, family of clients, etc.)

In what ways do you see yoga being beneficial for the participants?

**Details of participants:**

* Age -
* Ethnicity/Race –
* Languages Spoken -
* Number of potential participants –
* Physical characteristics (ex: overweight, pregnant, specific chronic illnesses, etc.):
* Emotional characteristics (ex: mental health concerns, survivors of domestic violence, etc.):
* Other considerations:

**Additional Information**

Does your organization carry liability insurance?

Are there any special trainings or orientations that potential volunteer teachers need to complete in order to teach at the site?

Are you willing to administer evaluations to the participants and track attendance numbers?

Are there any restraints or opportunities for research at the site? (restraints: internal IRBs; opportunities: someone on staff already doing related research)

Does the site need yoga mats?