

**Yoga Instructor Application for UpRising Yoga**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_ Drivers License #:\_\_\_\_\_\_\_\_\_\_\_State Issued: \_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Please tell us how you found our organization?  
  
  
Please tell us why you are interested in teaching for our organization?

What skills do you posses that you feel would benefit our organization?

Are you a Certified Yoga Instructor?

List credentials/trainings and date received:

Describe your class please:

Please include any languages you speak:

Are you currently employed?  If yes, please list your job title and  
employer's name. If no, please list last employer, date and title.

Are you currently teaching yoga?  If yes, please state where and for how long?

Also, please list your experience with at-risk youth and underserved communities.

Do you have any physical limitation that would prevent you from  
completing tasks mentioned below: Lifting of packages, errands,  
setting up or breaking down equipment?

What days and times are you available to teach?

Do you have reliable transportation to get to and from volunteer locations?  
  
Do you have any affiliations with other foundations or corporations  
that may be of conflict to the mission statement of UpRising Yoga? If  
so please explain.

Have you ever been convicted of a crime? If yes, please explain:

Are you willing to complete a full background check?     Yes   or   No  
Are you willing to take a drug test?     Yes  or   No  
  
**References:**

Please provide contacts for persons who can verify your  
skill sets and / or personal accountability. Please note references  
must have known you for 3 years or more.  
  
1. Name of Reference: \_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
2. Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
3. Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if I do receive a volunteer position at Uprising  
Yoga, the position can be terminated at any time. A trial period is  
required, at the end of which I will receive an evaluation. I  
understand that I am offering to volunteer work without pay or  
reimbursement from UpRising Yoga for any expenses incurred while  
volunteering. I agree to confidentiality and non-compete.

**Acknowledgement, Release and Signature**

I certify that the above statements and answers are true and correct. I acknowledge that UpRising Yoga reserves the right to discontinue the screening process at any point. The reasons may or may not be disclosed to me. UpRising Yoga does not discriminate on the basis of age, sex, race, color, creed, sexual orientation, national origin, ancestry, disability or any other protected status.

By signing this document I hereby authorize UpRising Yoga and/or it’s agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as a volunteer now and, if applicable, during the tenure of my involvement with UpRising Yoga.

I release UpRising Yoga and/or it’s agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above references sources used.

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

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You! Please email your completed application to UpRising Yoga help2upruse@gmail.com

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ here by agree that all of the above information that I have provided is true under perjury of law.

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

Please send this application, your resume and copies of your certifications to [help2uprise@gmail.com](mailto:help2uprise@gmail.com)

Please include anything else you would like us to know, specifically how you envision being a part of the UpRising Yoga Team. Include specific areas of teaching you prefer, and ways you would be willing to contribute.