

Group Fitness Instructor Questionnaire

Please fill out and turn in at the SFC Reception Desk

1. **Name:** _____

2. **Classification:** Freshman Sophomore Junior Senior Grad

3. **Phone & Email:** _____

4. **Major:** _____ **GPA:** _____

5. **Any experience teaching fitness classes or personal training:** Yes No

6. **If YES, Please describe:**

7. **Certification and Workshops** (circle only the ones you are interested in teaching)

Weight Training BOSU ABS (abs, back, stability)

Kickboxing Stability Ball Stretching

Step Aerobics Hi-Lo Aerobics Yoga

Zumba Indoor Cycling (spin) Other_____

8. **If we provided training sessions to help you prepare for the certification exam, what is the best time to offer them?**(circle all that apply)

Weekday evenings Weekday mornings (10am)

Saturday & Sunday Weekday afternoons (1-3pm)

Other: _____

9. **Will you be available in the summer to teach?**

Yes No

Contact Janelle Gosa (618) 650-5611 or jgosa@siue.edu for more information.