

# YOGAJJOY Teaching Training Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CITY	STATE	ZIP
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Phones: \_\_\_\_\_

HOME	WORK	CELL
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Email: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you been practicing yoga? What kinds? \_\_\_\_\_

2. Have you practiced yoga with Sarahjoy? If yes, how long? \_ \_\_\_\_\_

3. Any prior training or relevant training (ie. Massage school, PT, LAC, ND, Ayurveda)?

4. How many days a week do you have a home practice? What does it consist of (length of time, choice of asana)? \_\_\_\_\_

5. Have you taught yoga? For how long? In what capacity? Please list the dates, locations, levels, length of time for the class and the average class size. Include a separate sheet of paper.

6. Do you have a working knowledge of Anatomy/Physiology/Kinesiology? \_\_\_\_\_

7. Do you have any injuries? \_\_\_\_\_

8. What will be the most challenging and rewarding aspects of teaching (or deepening your personal yoga practice)? \_\_\_\_\_

9. Please list the teachers you have studied with, for how long and what they brought to your practice, as well as what challenged you about their teaching. Include a separate sheet of paper. (Teacher, Length of Time, Gift, Challenge)