

Street Yoga Volunteer Application

PERSONAL INFORMATION

Legal name: _____ Preferred Name: _____
Date of birth: _____
Home Address: _____
Office Address: _____
Home phone: _____ Cell phone: _____ Work phone: _____
E-mail: _____

Emergency Contact

Name: _____ Relationship: _____
Home phone: _____ Cell phone: _____ Work phone: _____

Languages (please indicate proficiency): _____

How did you hear about Street Yoga? _____

POSITION DETAILS

Please check the ways you wish to be involved with us.

- Teacher
- Intern
- Admin
- Data Entry
- Web/Tech
- Writer
- Marketing
- Development
- Special Events
- Outreach
- Other (please specify)

Please describe your pertinent volunteer or work experience. _____

AVAILABILITY

Hours available per week: _____

Preferred days and times: _____

EDUCATION

Please indicate major field(s) of study, and certificate(s) or degree(s) granted: _____

Please comment about how your educational background will help you with this position:

For Yoga Teacher Applicants:

Please describe your previous volunteer or work experience with youth and yoga.

Please list all relevant yoga certificates you have received, specifying month/year of receipt and awarding entity. For Yoga Alliance certification, please also provide your certificate number and expiration date:

Please describe any additional yoga teaching qualifications / yoga practice experience you have:

If you are a yoga teacher, approximately how many classes have you taught?

What type of yoga style(s) do you teach / are you capable of teaching?

Training Needs, if any

Please describe any training you would like to receive to aid your volunteering efforts with us.

REFERENCES

Please provide two personal or professional references.

Reference 1:

Relationship to Reference 1:

Phone for Reference 1:

Email for Reference 1:

Reference 2:

Relationship to Reference 2:

Phone for Reference 2:

Email for Reference 2:

LEGAL AGREEMENT

Due to the types of services we provide to clients who are children and otherwise vulnerable or at risk, a background check must be completed, as legally permitted, as a condition of volunteering.

By checking this box, I certify that the information in this application is true and complete to the best of my knowledge. I authorize your organization to check all information contained in or related to this application including records of law enforcement agencies and the appropriate state Child Protective Services Agency. I understand that, if accepted as a volunteer for your organization, my commitment is for an indefinite period and is at-will. This means that I will be free to end my commitment at any time, for any reason, and that your organizations has the same right with any volunteer.

Signature

Date