



Teacher Mentoring Application 06.2016

Yoga Born Studios LLC 1735 Ellington Rd Store #16 South Windsor, CT 06074 (860) 432-5678

By choosing to submit your application you will be saying yes to the experience of a lifetime as you embark on your journey as a Yoga Born Teacher.

Thank you for choosing Yoga Born. Any information you share with in this application is kept strictly confidential. Please print clearly. Complete the application in its entirety.

Submit by Sunday July 31, 2016

Email to ask@yogaborn.com

Individual interviews will be held Sunday August 7 – Saturday August 13

Dawn will contact you by Saturday August 20

PERSONAL PROFILE

Date of Birth

Full Name _____

Preferred Name First Middle Last

Phone Number(s) _____

Email Address _____

Mailing Address _____

Street City State Zip Code

Emergency Contact Information _____

First Last

Phone _____

APPLICANT QUESTIONNAIRE



Please take your time and answer these questions as openly and thoroughly as you can. All of your answers will remain confidential.

Note: Understand that any difficult times you have gone through will enhance your ability to teach and support others.

Please use a separate piece of paper if necessary.

1) What brought you to yoga?

2) What challenges you the most in your yoga practice?

3) How long have you practiced at Yoga Born?

4) How often do you practice yoga (# of times per week)?

5) What effect has yoga had on your life?

6) Why do you want to be in the Yoga Born Teacher Mentoring?

7) Please list any training or experience you have had that you think is relevant to the Yoga Born Teacher Mentoring.

8) What is your educational and professional background outside of yoga?

9) Please list your hobbies and interests.

10) What are you passionate about?

11) Do you consider your mental activity to be
Restless / Aggressive / Level

12) How are you about achieving goals?
Easily distracted / Focused driven / Slow steady

13) How do you work best? While supervised / Alone / In groups

14) How do you react to stress?

Excited quickly / Medium to get excited / Slow to get excited

15) What are your top five life priorities?

16) What do you hope to be doing in the next few years?

17) Any additional information you want to share?



18) Tell us about your physical health (major illnesses, surgeries, any injuries or conditions we should know about?)

19) Do you have any medical condition that may prevent you from participating in or completing the Yoga Born Teacher Mentoring?

20) Are you currently taking any medications? *If yes, please describe.*

21) Tell us about your diet, health and exercise practices.

22) List any other interesting things we should know about you.

TEACHER MENTORING AGREEMENT & POLICY



Once accepted into the Yoga Born Teacher Mentoring you agree to the following

Upon completion the next step is the Yoga Born Hiring Process, which includes two separate dates to Demo Teach. This happens outside the current class schedule times.
_____ Initial

You understand you will be hired as a subcontractor. _____ Initial

Upon hire you are able to commit to teaching two classes per week, per seasonal schedule, for a calendar year. _____ Initial

You will attend promotional events with Yoga Born. _____ Initial

You will attend seasonal Studio Pow-Wows. _____ Initial

You agree to register for and complete the first Yoga Born Teacher Training Program
_____ Initial

Tuition Cancellation Policy. A cancellation of your agreement will be accepted **less the \$100 non-refundable deposit** with release of your financial commitment **no later than September 1, 2016.** There are no credits, refunds or transfers are available for cancellations after **September 1, 2016.** Please understand our cancellation policy is firm and we cannot make exceptions. _____ Initial

By signing below, I acknowledge that I have read, understand and agree to all of the terms, conditions and requirements of the Yoga Born Teacher Mentoring and that the information provided in this application is accurate and complete.

Applicant Signature _____

Applicant Printed Full Name _____

Date _____