



Yoga Ministry Leadership Training Program Application

Thank you for your interest in the Yoga Ministry Leadership Training program. Please read the Information Packet which outlines the expectations of each module of the program before completing the application process. If you have any questions, feel free to contact us at dawn@centerforlivingwell.org or 480-250-5867.

Application process:

- ❖ Review the Information Packet, including module expectations and dates.
- ❖ Complete the application form with a minimum of 11-point font or with neat handwriting and submit via email to dawn@centerforlivingwell.org or by fax to 480-785-0801.
- ❖ Complete an interview – in-person or Skype preferred, but telephone interviews will be accepted.
- ❖ Read and sign our Statement of Faith, Statement of Commitment, and Waiver/Release form.

Please enroll me in the following module(s):

<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4	<input type="checkbox"/> Module 5
Online training	4-day yoga camp	Online training	4-day yoga camp	Online training
Tues. 5pm AZ time	5/15/13-5/19/13	Tues. 5pm AZ time	8/7/13-8/11/13	Tues. 5pm AZ time
4/9/13-4/30/13		6/4/13-6/25/13		8/20/13-9/17/13 (no class 9/3)

The cost for Modules 1, 3, and 5 are \$500 each. Modules 2 and 4 are \$750 each. Training manual is included. Required resources and travel expenses are the participant's responsibility. \$250 is due upon acceptance into a module. For Modules 1, 3, and 5, the balance is due 7 days before the start of the module. For Modules 2 and 4, the balance is due 14 days prior to yoga camp.

Please refer to the Statement of Commitment for payment information and arrangements and cancellation/refund policy.

Admissions Criteria:

- ❖ You must be at least 18 years of age.
- ❖ You must be physically able to participate in yoga, as determined by your doctor.
- ❖ You must agree to and sign our Statement of Faith.

Application Form

Name Preferred Name

Address City, State, Zip

Email Address Best Phone

Emergency Contact/Relationship Emergency Contact Phone/Email

Please answer the following questions as completely as possible. You may attach a separate page if needed.

How did you find out about our program? _____

Your occupation: _____

How long have you practiced yoga? _____

What is the most rewarding aspect of your yoga practice? _____

What is the most challenging aspect of your yoga practice? _____

Describe yoga experience, styles practiced, and any previous training: _____

Describe any yoga or related teaching experience: _____

Why do you want to go through our program at this time in your life? _____

Do you have any concerns about participating in the program? _____

Describe your relationship with Jesus Christ: _____

Do you believe the Bible is the authority for your life? Why or why not? _____

Do you currently attend a church? If so, which one? _____

Health Information:

Please state any medical limitations or current medical treatments we should know about:

Have you experienced any of the following?

High blood pressure	Yes	No
Diabetes	Yes	No
Heart conditions	Yes	No
Respiratory conditions	Yes	No
Bone or joint conditions	Yes	No
Retna problems or Glaucoma	Yes	No
Back pain or injury	Yes	No
Communicable disease	Yes	No
Addiction	Yes	No
Diagnosed mental-health condition	Yes	No

