



with Lori McCormick

## Teacher Training Program Application Form

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

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  Full-Time  Part-Time  NA

Please include work hours (if applicable): \_\_\_\_\_

Do you practice a specific religion ...? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physical & Emotional Health

**ALL medically related information is kept completely confidential.** (Any difficult times you have gone through may actually be helpful to your students who have their own difficulties.)

List any major illnesses, surgeries, injuries. (How long ago? Is it something you're currently managing?): \_\_\_\_\_

Do you have a history of... (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> depression    | <input type="checkbox"/> personality disorder                  | <input type="checkbox"/> eating disorders (anorexia, bulimia) |
| <input type="checkbox"/> bipolar       | <input type="checkbox"/> PTSD (post traumatic stress disorder) | <input type="checkbox"/> OCD (obsessive compulsive disorder)  |
| <input type="checkbox"/> schizophrenia | <input type="checkbox"/> anxiety disorder or phobias           | <input type="checkbox"/> other _____                          |

Please elaborate: \_\_\_\_\_

Do you have a history of - (or have you experienced)....

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> alcohol abuse or addiction | <input type="checkbox"/> impulse control issues      | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> recreational drug use      | <input type="checkbox"/> violence                    | _____                                |
| <input type="checkbox"/> prescription drug abuse    | <input type="checkbox"/> physical or emotional abuse | _____                                |

Please elaborate. (Are you currently in therapy or treatment...?): \_\_\_\_\_

List any prescription or recreational drugs that you are currently using (and for what condition) or have used in the past. \_\_\_\_\_

Are you a smoker...?  Yes  No .... Or How long have you been smoke-free...? \_\_\_\_\_

## Yoga Experience

How long have you been practicing yoga (- and what styles specifically)...? List any previous teachers and where you have studied or practiced yoga in the past. \_\_\_\_\_

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How often do you practice and where...? \_\_\_\_\_

Do you practice at home...?  No.  Yes. (how often?) \_\_\_\_\_

Do you practice meditation...?  No.  Yes. (how often?) \_\_\_\_\_

Why do you practice yoga...? \_\_\_\_\_

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## About Teaching *(there are no right/wrong answers)*

What are your personal and/or professional goals for this teacher training program...? \_\_\_\_\_

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Is it your intention to actually teach yoga...?  Yes. ASAP.  Yes. Eventually. (When...? \_\_\_\_\_)

No. I just want to learn more about yoga.  Undecided at this time.

Are you currently teaching yoga...? If so, where and how often...? \_\_\_\_\_

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In your opinion, what do you feel the role of a yoga teacher is...? \_\_\_\_\_

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How has yoga influenced your life (why do you practice)...? \_\_\_\_\_

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Have you participated in any other yoga teacher programs (include approximate hours), special workshops, or practice intensives...? List your previous education and relevant training experiences (both yoga and other related fields that may be relevant). Please be specific as this may help us plan the upcoming session. \_\_\_\_\_

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List any other interesting things you would like us to know about you (include hobbies, interests, etc.) – or do you have any concerns...? \_\_\_\_\_

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How did you find out about our program...? \_\_\_\_\_

Have you taken any classes with Lori (yet)...?  No, but plan to ASAP.  Yes. (Approx. how many classes \_\_\_\_\_?)



