

APPLICATION INSTRUCTIONS

Application Deadlines

To apply for the 500-hour Professional Program we strongly encourage you to apply before the early registration deadline. Because this program is only offered once or twice a year it fills up quickly. Keep in mind that mentors are matched with apprentices 3-4 weeks prior to the program start date. If you wait until after the application deadline, you will reduce your chances of being paired with your mentor of choice. Last-minute applications will be accepted if there is space in the program.

500-Hour Professional Program application requirements

- 500-hour Professional Program Application
- Payment Information & Program Participation Agreement
- 500-hour Professional Program Mentor Request Form

Please note: To be accepted into the 500-hour Professional Program, applicants are required to have completed a 200-hour Teacher Training Program.

→ **To reserve your place in the training, you must submit the complete application along with a **minimum \$500 non-refundable deposit.****

You have three options for submitting your completed application:

- Email your application to your studio contact or to the training Program Advisor. Please title your subject line "Application for 500-hour program".
- Mail your application to your studio contact or to the training Program Advisor. (Please confirm the address with your contact before mailing.)
- Email, fax, or mail your application to YogaWorks.
Title: "Application for 500-hour program, ATTN: Chelsea Parrish"
chelseap@yogaworks.com, 310.564.7759 fax
YogaWorks Teacher Training, 2215 Main Street, Santa Monica, CA 90405

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

500-HOUR PROFESSIONAL PROGRAM APPLICATION

Personal Information

Name _____ Today's Date (M/D/YYYY) _____

Address Line 1 _____
 Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Start date of training you are applying for (MM/YYYY): _____

Location:

CITY: _____

How did you first learn about the YogaWorks 500-hour Professional Program?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> I practice at this studio. | <input type="checkbox"/> Facebook Ad |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Friend |
| <input type="checkbox"/> My yoga teacher recommended it | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Yoga Journal Advertisement | <input type="checkbox"/> Other: _____ |

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. **How would you evaluate your current health?**

- Excellent
- Good
- Fair
- Some challenges (Briefly describe) _____

2. **Do you suffer from any of the conditions below?**

- Epilepsy
- Diabetes
- Pregnant or plan to become pregnant during the course of the training
- No, I do not suffer from the above conditions to my knowledge.

3. **Please list medications you are taking that were prescribed to you by a health care professional.**

4. **Is there anything else we should know about your medical history?**

About Your Teacher Training History

Please note: To be accepted into the 500-hr Professional Program, applicants are required to have completed a 200-hr Teacher Training program.

1. **Did you complete your 200-hr Teacher Training program with YogaWorks?**

- Yes (please proceed to question #3)
 No

2. **If you did not complete your 200-hr Teacher Training program with YogaWorks**

Where did you complete your training? _____

Who were your instructors in the training? _____

When did you complete your training? (Month/Year) _____

Please submit the following to YogaWorks along with your application.

- A copy of your diploma or letter of completion
- A copy of your program's syllabus or a letter from your trainer describing the content of the program.

If you did not graduate from a YogaWorks 200-hr Teacher Training program, you will be required to participate in the **YogaWorks Immersion Weekend.** We have included this weekend-long program as a required Weekend in your Professional Program. This is to ensure that you have gained the foundational vocabulary and principles taught in the 200-hour Teacher Training which are reinforced in the 500-hour Professional Program.

3. **Are you currently teaching yoga?**

- Yes
 No

If yes, where? _____

What class level(s)? _____

How many classes a week? _____

4. **Briefly describe your yoga practice. Do you have a home practice?**

Please write a one-page essay addressing the following.

- Why do you want to continue your yoga teacher training?
- What qualities or previous experiences do you possess which you feel will contribute to your experience in the Professional Program and subsequently to you as a teacher? *Include here any other training you have taken that you believe will be an asset to you in the training, e.g., massage, bodywork, anatomical study, teaching, etc.*
- What are your career aspirations? Ideally, what would you like to do after the Professional Program? Are you interested in YogaWorks Certification?

PAYMENT INFORMATION

\$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate and to receive your teacher training manuals.

I am paying by check. Please mail the check with your application to the appropriate address on the **Application Instruction** page. Make all checks payable to YOGAWORKS. **Please include driver's license number, State and expiration date on the front of you check.*

I am paying by credit card. MasterCard Visa American Express
Credit Card # _____ Expiration Date _____

Name as it appears on the card: _____

Is your billing information the same as your mailing address?

Yes

No. My billing address is: _____

_____ City

_____ State

_____ Zip Code

I hereby authorize the above payment of
\$ _____

Please initial: _____

PROGRAM PARTICIPATION AGREEMENT

I understand that if I fulfill all the requirements of the YogaWorks Teacher Training, including in-class hours, homework, quizzes, and final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 500-hour Professional Program.

I understand that YogaWorks reserves the right to ask me to leave the program if my behavior is inappropriate, unethical, or in violation of the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Professional Program and I will be refunded my remaining balance. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all YogaWorks Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements:

Yes No

Signature

Date (M / D / YY)

500-HOUR PROFESSIONAL PROGRAM MENTOR REQUEST FORM

Applicant's Name _____

In this program you will be matched with a mentor, with whom you will apprentice and take class from on a regular basis. Prior to making your requests, you should attend at least one class with each of the mentors in your region. (Please use the chart below to document your classes.) Since you will apprentice and take class from your mentor on a regular basis, make sure to take the studio location and times that he/she teaches into consideration.

Your application and mentor requests will be reviewed by all the mentors in your region and you will be matched based on a combination of factors, including your yoga background, teaching history and career goals.

Mentor Signatures

We recommend you obtain signatures from all the mentors in the program. This is to ensure you have sampled each teacher's unique style. In the case there is a mentor that you know you cannot assist due to scheduling or because they teach a method that does not interest you, you do not need to get their signature. Please introduce yourself before you take a mentor's class.

MENTOR	CLASS/DATE ATTENDED	MENTOR SIGNATURE	COMMENTS

Your Order of Preference and Availability to Assist

Please choose the top 3 mentors you would like to assist, in order or preference, and list their classes you can and cannot assist. Please review their class schedules in order to complete this section.

MENTOR	Mentor's Class times you CAN assist	Mentor's Class times you CANNOT assist	COMMENTS
1.			
2.			
3.			

Why have you chosen the above 3 mentors, and what do you hope to get out of working with each of them?

1.
2.
3.