



Viterbo University GROUP EXERCISE INSTRUCTOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

*Home Phone: _____ *Work Phone: _____

*Cell Phone: _____ *Email Address: _____

CPR Certification? Y N Expiration date: _____

Does it include AED? Y N

First Aid Certification? Y N Expiration date: _____

Group Exercise Certifications (Please check):

- | | |
|----------------------------------|-------------|
| <input type="checkbox"/> AEA | List: _____ |
| <input type="checkbox"/> ACE | List: _____ |
| <input type="checkbox"/> AFAA | List: _____ |
| <input type="checkbox"/> ACSM | List: _____ |
| <input type="checkbox"/> Cooper | List: _____ |
| <input type="checkbox"/> Schwinn | List: _____ |
| <input type="checkbox"/> Other | List: _____ |

Please list other places/gyms/studios you currently teach:

How many years of teaching experience do you have? _____

What type classes are you available to teach (Please circle)?

Beginner Yoga

Pilates

Turbo Kick

Boot Camp

Power Yoga

Yogalates

Circuit Training

Sculpting

Zumba

Hip Hop

Step

Kickboxing

Strength

Other: _____

30 Minutes Blast Classes:

CORE

Cardio Express

Power Stretch

Yoga Butt & Thigh

Other: _____

What days and times are you available to teach?

*Please check ALL times you are available and willing to teach:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00am					
NOON					
4:00pm					
4:30pm					
5:00pm					
5:30pm					
6:00pm					
6:30pm					
7:00pm					
7:30pm					
8:00pm					

Do you only want to sub (not have a permanent class for the semester)? Y N