



**Department of Recreation and Leadership
PERSONAL TRAINING**

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: _____

Certifications (Please check):

- ACE List: _____
- AFAA List: _____
- ACSM List: _____
- NASM List: _____
- NSCA List: _____
- Other List: _____

Please list other places/gyms/studios you currently a personal trainer at:

How many years of training experience do you have? _____

What type of training experience do you have? _____

Are you also certified to teach group exercise? Y N

If yes, would you also be interested in teaching group exercise classes? Y N

If yes, what type of certification(s) do you have? _____

*Please attach a list of three references with the individuals' names, titles, phone numbers, email addresses, and indicate their relationship to you.

Thank you for applying to be a personal training with the Viterbo University Department of Recreational Sports. Once you have submitted your application, you will be contacted to schedule and interview and a training session demonstration. For the training session demonstration, you will be notified of perspective client and are expected to come prepared with an exercise prescription for the individual.

If you have any questions, feel free to contact the Department of Recreational Sports professional staff at recsports@viterbo.edu or 608-796-3120