

3 RIVERS YOGA FOUNDATION



3 Rivers Yoga Foundation exists to create community, inspire connection, and provide access to the power of yoga to all. If you would like to be considered for participation in the Foundation, please complete the information below. Information provided will be kept confidential and will help us determine the most appropriate volunteer opportunity for you. Thank you for your interest in 3 Rivers Yoga Foundation!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization?

Are you a certified yoga instructor through the Yoga Alliance? _____ Yes _____ No

Do you have Yoga Alliance liability insurance? _____ Yes _____ No

If no, are you prepared to purchase it? _____ Yes _____ No

If yes, through which program are you certified? _____

Interests: Please tell us in which areas you are interested in volunteering (check all that apply):

___ Administration

___ Events

___ Program

___ Fundraising

___ Yoga Instruction

___ Communication

Have you ever been convicted of a crime other than traffic violations? _____ Yes _____ No

If yes, please explain: _____

Emergency Contact: _____ Phone Number: _____

AVAILABILITY:

- MONDAYS
- TUESDAYS
- WEDNESDAYS
- THURSDAYS
- FRIDAYS
- SATURDAYS
- SUNDAYS

TIMES:

Please provide a brief summary of why you would like to be part of 3 Rivers Yoga Foundation:

Please provide three professional resources:

Name: _____ Title: _____

Company Name: _____ Phone Number: _____

Name: _____ Title: _____

Company Name: _____ Phone Number: _____

Name: _____ Title: _____

Company Name: _____ Phone Number: _____

I authorize 3 Rivers Yoga Foundation to check my service history and work history and to perform a criminal history background check and any necessary follow up investigations needed for my partnership with 3 Rivers Yoga Foundation. As a volunteer of the organization I agree to abide by all policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, affiliates and volunteers, cannot assume any responsibility or liability for any accident, injury or health problem which may arise from any volunteer work I conduct with the organization.

Signature: _____ **Date:** _____