



Firelight Yoga
200 Hour Yoga Teacher Training Application

Please print legibly and return to Firelight Yoga in a sealed envelope.

Name (first and last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: () _____ - _____ Email Address: _____

Emergency Contact: _____

Emergency Phone: () _____ - _____

Facebook Username: _____ Instagram Username: _____

(Optional) Once enrolled, we can follow you and invite you to a private group to share about the Teacher Training Journey, which will be a place for you to mingle with each other and for us to remind you of assignments due, etc.

Background and Work History:

Have you received a high school diploma or GED?

Please list the highest level of college education (number of years completed):

Advanced degree(s):

Current Occupation:

Number of Years:

Any other occupation information you wish to provide?

Please list any body-oriented training you have participated in or completed (ie; massage therapy, dance, Pilates etc):

Yoga Experience:

How long have you been practicing yoga?

How many days per week do you practice yoga?

Do you have a home practice?

On average what is the length of your regular practice? (30/60/90 minutes)?

Do you have a regular meditation practice? If yes, please explain:

What types of meditation have you practiced and for how long?

Please provide a description of your typical yoga practice, including a few examples of poses you might practice during a session:

Besides yoga, please list any type of physical activity you typically engage in and how often:

Health Information:

Are you under any medical treatment for any physical condition?

Are you currently pregnant or trying to get pregnant?

Do you have any chronic pain, physical limitations, disability or illness?

Have you had any major surgeries within the past five years? If yes, please explain:

Are you under any medical treatment for a psychiatric condition?

Have you ever been hospitalized for a psychiatric condition?

Are you in recovery from addiction?

If you answered yes to any of the above, please describe fully:

More About You:

Why and when did you start practicing yoga?

Why do you want to be certified as a yoga teacher at this time in your life?

How do you plan to apply your yoga skills to your life and work?

Have you read any books, journals or publications about yoga? If yes, please tell us what work has been most impactful for you:

Name three ways in which the practice of yoga has changed your life:

Are you comfortable sitting for long periods of time? If not, please explain:

What is your favorite style of yoga?

How did you hear about our Firelight Yoga Teacher Training?

Are you interested in leading Seva (selfless service) classes here at Firelight post-graduation?

Do you have anything else to share that you feel we should be aware of?

Submit Your Application:

Please submit your application with a recent headshot (*no sunglasses please- this image will not be used on any publications written or otherwise*) in a sealed envelope either to the Firelight Yoga front desk or mail to:

1475 N. Killingsworth St.
Portland, OR 97217

I acknowledge that all information submitted in this application is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the certification criteria listed above and online at www.firelightyogapdx.com/teachertraining. I accept by entering a date below and submitting this form that this validates my application.

Signature: _____

Date: _____