| latitude yoga co. KARMA EXCHANGE Application |
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| Applicant Information |
| Name: |
| Date of birth: | Email:  | Mobile Phone: |
| Current address: |
| City:  | State: | ZIP Code: |
| questionnaire |
| Do you currently practice yoga?  |
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| If so, where and how often do you practice?  |
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| Do you have prior experience working or volunteering at a yoga or fitness studio? If so, please elaborate.  |
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| Do you have any other volunteer experience? If so, please elaborate.  |
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| Do you have any experience using MINDBODY studio management software or any other Point Of Sale software?  |
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| How long are you able to participate in the Karma Exchange Program?  |
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| What interests you the most about the Karma Exchange Program? |
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| Please indicate the days of the week and time of day (i.e. morning, afternoon or evening) you are available to work:  |
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|  |
| Emergency Contact |
| Name: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| work experience |
| Current or most recent employer: |
| Employer address: | How long? |
| Phone: | E-mail: |
| City: | State: | ZIP Code: |
| Position: | Job Duties: |
| Signature |
| I authorize the verification of the information provided on this form as to my participation in Latitude Yoga’s Karma Exchange Program. I hereby swear or affirm that the information provided is true and correct to the best of my knowledge. |
| Signature of applicant:(type name if submitting via email) | Date: |

Please email your completed application to info@latitudeyogaco.com with Karma Exchange in the subject line or print your application and drop it off at the studio.