



Application Date:

Name _____

Phone # _____

Address _____

Birth Date _____

Emergency Contact Name & Relation to you _____ Phone # _____

Do you currently practice yoga _____ Studio name or online studio name _____

Have you practiced at Yogarise before? _____

How did you hear about our Karma Yogi program? _____

Our Karma Yogi program includes considerable cleaning and sanitizing, some organizing and some lifting. Some shifts may happen when you are in the studio alone, working with a task sheet. Others may happen before or after a class to help the teacher. Do you have any injuries, health-related concerns, or any other concerns with these type of responsibilities and tasks?

What interests you most in becoming a karma yogi at Yogarise?

What is your preference (day & time) for a karma yogi shift:

Preference 1: _____ Preference 2: _____

Are you currently employed? _____ If yes, name of employer _____

What is your current work schedule _____

Is there anything you would like to add to your application? _____

Thank you for applying! We will contact you soon. Namaste!