| 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? | | |
|  | | |
| 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: | | |
|  | | |
|  | | |
| 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](mailto:info@latitudeyogaco.com) with Karma Exchange in the subject line or print your application and drop it off at the studio.