



CYOP (Community Yoga Outreach Project)  
Teacher Application

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

How long have you practiced Yoga? \_\_\_\_\_

Please list all of your yoga training \_\_\_\_\_

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Please list your reasons for wanting to teach Yoga in an Outreach Setting

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Describe your ideal Yoga project \_\_\_\_\_

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Cities or area you wish to volunteer \_\_\_\_\_

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Are you Insured? (circle One)      Yes      No

Use the back of this application to expand on any of the above questions.