



# FITWELL INSTRUCTOR APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Indicate the semester in which you are applying:  Fall  Spring  Summer I  Summer II

## Personal Information

Baylor Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Classification:  Freshman  Sophomore  Junior  Senior  Graduate  Law  Seminary  Contractor

Intended graduation date (mm/yyyy): \_\_\_\_ / \_\_\_\_

Are you qualified for work study?  Yes  No Have you worked on-campus before?  Yes  No

Do you plan to work with any other department on-campus this semester?  Yes  No

Are you an international student?  Yes  No Are you a student athlete or trainer?  Yes  No

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Instructing Qualifications/Certifications

Do you have any fitness instructing certifications?  Yes  No

If yes, please list type, organization, and year of certifications:

Do you have any fitness instructing experience?  Yes  No

If yes, please describe your instructing experience (type, years, location):

Are you certified in CPR?  Yes  No Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you a current FitWell member (GX/F45/OSO Fit):  Yes  No

Have you shadowed a FitWell instructor before?  Yes  No

## Areas of Interest

Please indicate up to 5 classes in which you are interested in teaching (1=first choice; 5=last choice)

- |  |                                |  |  |
|--|--------------------------------|--|--|
| <input type="checkbox"/> F45               | <input type="checkbox"/> Step  | <input type="checkbox"/> MMA/Boxing Conditioning | <input type="checkbox"/> Hip-Hop/Dance |
| <input type="checkbox"/> Yoga              | <input type="checkbox"/> Zumba | <input type="checkbox"/> Pilates                 | <input type="checkbox"/> Kickboxing    |
| <input type="checkbox"/> Bear Cycle (spin) | <input type="checkbox"/> TRX   | <input type="checkbox"/> Water Aerobics          | <input type="checkbox"/> Other: _____  |

## Availability

Are you willing to teach an early morning class (6:00am):  Yes  No

Are you willing to teach a weekend class?  Yes  No

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If you do qualify for work study, how many hours per week are you eligible to work? \_\_\_\_\_

How many classes/hours are you willing to teach/work? \_\_\_\_\_

What days and times are you **NOT** available to work: (consider class schedules, organizations, meetings, etc)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

As an instructor, you are required to attend regular/monthly staff meetings and various events. Keeping this in mind please list any times that are ideal for you to meet:

\_\_\_\_\_

## Additional Questions

Please list any other qualifications or strengths related to your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can you contribute as a FitWell Instructor?

\_\_\_\_\_  
\_\_\_\_\_

## References

Name	Phone	Job Title/Relation
_____	_____	_____
_____	_____	_____

*Completed applications can be turned in via email to [Van\\_Davis@baylor.edu](mailto:Van_Davis@baylor.edu) or directly to our office on the third floor of the SLC, Room #314, next to the F45 studio. If the office is not open please slide app underneath the door. We will contact you soon, thank you for your interest in our program!*