



**Take Control. We Can Help.™**

Eastern Pennsylvania Chapter

**Arthritis Foundation Walk with Ease Program  
Instructor/ Leader Training Workshop Application**

- Training site \_\_\_\_\_
- Dates \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birth date \_\_\_\_\_

**PRE-REQUISITES (Please complete the appropriate section):**

Indicate the expiration date(s) for the following:

CPR (recommended) \_\_\_\_\_ Basic First Aid (recommended) \_\_\_\_\_

| <b>Check the appropriate box for each standard for the facility where you will be teaching the Walk with Ease Program</b> | Yes | No | If no, explain |
|---|-----|----|----------------|
| Handicapped accessible entrance   |     |    |                |
| Handicapped parking within 200 feet of entrance   |     |    |                |
| Handicapped accessible exercise room  |     |    |                |
| Exercise room large enough to enable easy movement of 25 people   |     |    |                |
| Sturdy chairs that are easy to get in and out of  |     |    |                |
| Handicapped accessible locker rooms and restrooms   |     |    |                |
| Existing insurance coverage of exercise classes   |     |    |                |

**Name of facility:**

\_\_\_\_\_

(OVER)

Describe your educational background and any relevant coursework/certifications.

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Describe your experience working with people.

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Describe your experience leading exercise programs.

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Do you have any other experience as a teacher or trainer?

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Why do you want to become a leader/instructor?

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**EXERCISE INSTRUCTOR/LEADER TRAINING CHECKLIST:**

Return the following items to:  
Arthritis Foundation, Eastern Pennsylvania Chapter  
The Bourse Building  
111 S. Independence Mall East, Suite 500  
Philadelphia, PA 19106

1. Application Form
2. Registration Fee (if applicable)
3. Signed Arthritis Foundation Exercise Program Instructor/Leader Statement of Understanding.
4. Signed Program Collaborative Letter of Agreement (or certification that this Agreement is "on file" or will be arriving before the training session).

**Failure to include all information may result in denial into the training program**