



# Arthritis Foundation Life Improvement Series Instructor Training Application Form

I am interested in the training held at \_\_\_\_\_ on \_\_\_\_\_ for:  
 Arthritis Foundation Aquatics Program       Arthritis Foundation Self-Help Program  
 Arthritis Foundation Exercise Program       Tai Chi From the Arthritis Foundation

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

Organization: \_\_\_\_\_

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

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

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

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

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

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

For Arthritis Foundation correspondence, please contact me at:

- My worksite (if applicable)       My home

Do you intend to teach the Arthritis Foundation program that you are applying to teach within the next six to twelve months? \_\_ Yes \_\_ No

If yes, where will you teach? \_\_\_\_\_

Do you have current certification in:*		Expiration Date:
YMCA Lifeguard or Aquatic Safety Assistant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Red Cross Water Safety/Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a certified lifeguard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which agency/expiration date:		
Other relevant certifications (name and expiration date):		

*\*Current CPR and water safety/rescue certification is required for instructor certification. Please enclose a copy of your current certifications with this application. Note: In addition, current YMCA lifeguard or YMCA Safety Assistant certification is required for all YMCA staff.*

Have you previously participated in an Arthritis Foundation exercise or self-help program?  
Please list: \_\_\_\_\_

If you have or currently hold a certification in an Arthritis Foundation program, please list the program and expiration date: \_\_\_\_\_

## PROFESSIONAL BACKGROUND OR OCCUPATION

Have you received training in or a certificate for any of the following:

- Registered Physical Therapist/Occupational Therapist
- Dance/Movement Therapist
- Gerontology Certificate
- Recreation Therapist
- Physical Education Degree

Please specify and list relevant course work (e.g., exercise, physiology, psychology, gerontology, kinesiology, sociology):

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Please describe your work or volunteer experience in leading movement or exercise programs. Indicate dates, sponsoring organizations and the nature of each experience:

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Please describe any experience you may have in working with people with disabilities:

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How do you plan to use the skills acquired in the Arthritis Foundation Instructor Training?

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*To ensure the quality of our programs and leader training workshops, all applicants must complete the application form and receive a confirmation letter documenting local chapter approval as a leader candidate. Leaders are also requested to provide a facility agreement for the location at which they plan to teach prior to attending the workshop in order to ensure each workshop attendee is able to complete student teaching requirements. If you have questions about this process, please contact the chapter office at 206-547-2707.*

**Please mail this completed form with your training fee (or scholarship form) at least two weeks prior to the training date to:**

**Arthritis Foundation, Pacific Northwest Chapter  
3876 Bridge Way N., #300  
Seattle, WA 98103  
Or fax to: 206.547.2805  
Questions? Please contact us at 1-800-746-1821.**