

YOUR JOURNEY TO JOINING THE ALIGNED MOVEMENT DREAM TEAM STARTS HERE

INSTRUCTOR APPLICATION

ALIGNED MOVEMENT LLC

Full name: Phone:

Email: DOB:

Address:

City: State: Zip Code:

Teaching Focus:

What classes do you teach?

Check all that apply

☐ Yoga ☐ Mat Pilates ☐ Inferno/Hot HIIT Pilates

Primary teaching style(s):

Check all that apply

☐ Vinyasa ☐ Power Vinyasa ☐ Slow Flow ☐ Yin ☐ Yoga w/ Weights
☐ Hot Yoga ☐ Restorative ☐ Hot Pilates ☐ Pilates ☐ Pilates w/ Weights
☐ Other:

Are you open to teaching multiple different styles?

☐ Yes ☐ No

Certification & Training:

Yoga Certification

School/Program 1:

Hours: Year Completed:

Style emphasis (if applicable):

School/Program 2:

Hours: Year Completed:

Style emphasis (if applicable):

Pilates Certification

School/Program 1:

Total Hours Completed: Year Completed:

Type of Pilates certification:

School/Program 2:

Total Hours Completed: Year Completed:

Type of Pilates certification:

Teaching Experience, Readiness, & Scope:

How long have you been teaching:

Where have you taught previously, or where are you currently teaching?

What types of teaching experience do you have?

Check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Beginner-level classes | <input type="checkbox"/> Mixed-level classes | <input type="checkbox"/> Advanced classes |
| <input type="checkbox"/> Small group classes | <input type="checkbox"/> Large group classes | <input type="checkbox"/> Private sessions |

What class formats or styles are you most confident teaching?

Are you currently teaching under a fully completed certification, or are you in the process of completing one?

- ☐ Fully certified
- ☐ In training (Expected completion date: _____)

Availability:

What days are you available?

Check all that apply

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

Time availability (early mornings, daytime, evenings, etc.)

Monday - _____	Friday - _____
Tuesday - _____	Saturday - _____
Wednesday - _____	Sunday - _____
Thursday - _____	

How many classes per week are you ideally looking to teach?

What date are you able to start?

Are there any schedule conflicts we should know about?

Are you open to occasionally subbing for other instructors when available?

☐ Yes ☐ No

Are you open to teaching consistent weekly classes?

☐ Yes ☐ No

Are you able to commit to a consistent teaching schedule for the next 3-6 months?

☐ Yes ☐ No

Studio Expectations & Logistics:

- Are you able to arrive early to set up and stay after to reset the space? ☐ Yes ☐ No
- Are you comfortable completing light studio reset tasks after teaching? ☐ Yes ☐ No
- Are you comfortable following studio procedures to ensure the space is left clean, calm, and ready for the next class? ☐ Yes ☐ No
- If no receptionist is available, are you comfortable with opening and/or closing the studio? ☐ Yes ☐ No
- Are you able to manage basic studio logistics while maintaining a grounded and professional teaching presence? ☐ Yes ☐ No
- Are you comfortable teaching to Aligned Movement's brand and values? ☐ Yes ☐ No
- Are you open to receiving feedback and continuing to grow as an instructor? ☐ Yes ☐ No
- Do you have reliable transportation to and from the studio for scheduled classes and occasional coverage needs? ☐ Yes ☐ No
- Do you currently hold a valid CPR Certification (required), or are you willing to obtain one if hired? ☐ Yes ☐ No

Alignment with Aligned Movement:

- Have you ever taken a class before at Aligned Movement? ☐ Yes ☐ No
- Why are you interested in teaching at Aligned Movement?

What does “creating a welcoming and grounded space” mean to you as an instructor?

How would you help a first-time member feel comfortable the moment they walk through the door?

What kind of energy or experience do you hope students feel when they leave your class?

Teaching Philosophy & Presence:

How would you describe your teaching style?

How do you support students of varying abilities and experience levels?

How do you balance cueing alignment, breath, and flow or sequencing?

How do you hold space while maintaining clear boundaries and professionalism?

Audition/Demo Class(es):

Are you open to teaching a demo class?

☐ Yes ☐ No

Preferred format for demo: _____

Final Reflection:

Is there anything else you'd like us to know about you, your teaching, or your journey?

*Please attach any certificates with the submission of your application.