



Trainer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

(In addition to all information please attach/submit along with this application the following: Proof of Certification, Proof of liability insurance and added "Waiver of Subrogation" explicitly listing the following: "With respect to Movement Hub Santa Clara and Stephen Ross,45 Washington Street, Santa Clara CA, 95050.," and business license.

Education/Experience

High School: YES NO

BA/BS: YES NO

MS+: YES NO

Certifications _____

How many years have you trained? _____

Are you training currently? _____

If so, where are you training? _____

What is your rate? _____

Additional education/Areas of Specialty:

Online Profile

Would you like to offer a free consultation? _____

Please feel free to add additional information about you and your practice highlighting your areas of expertise, training philosophies, and any other pertinent information (feel free to continue on back if additional room necessary):

