



FACILITY RENTER APPLICATION FOR TRAINERS/THERAPISTS

PERSONAL INFORMATION

Name: _____ Date: _____

ADDRESS

Street Address

City State Zip Code

Cell Phone Work Phone Home Phone

Email

Were you referred by a One Body Training Trainer/Therapist? Yes No

If Yes, by whom? _____

If No, How did you hear about us? _____

CERTIFICATIONS

PT Certification (NASM, NSCA, ACSM, NATA) and Expiration: _____

Massage Certification and Expiration: _____

CPR/AED Certification and Expiration: _____

Other : _____

REFERENCES

Preferably Clients, Trainer Peers, and Managers:

1. _____ Phone/Email _____

2. _____ Phone/Email _____

3. _____ Phone/Email _____

TRAINER QUESTIONNAIRE

1. Please name your top three areas of Training Specialty:

- 1. _____
- 2. _____
- 3. _____

2. How long have you been training? _____

3. Where are you currently training? _____

4. Please list the variety of clients you train.

5. Please list the physical activities that you participate in/enjoy.

6. What is your most important reason for choosing One Body Training?

THERAPIST QUESTIONNAIRE

1. Please name your areas of Therapy Specialization:

- 1. _____
- 2. _____
- 3. _____

2. Do you have a permit filed with the Department of Public Health? Yes No

3. What is your most important reason for choosing One Body Training?

Signed: _____

Print Name: _____

Dated: _____