Meadow Path Healing Arts & Yoga Center

Teacher Application

Thank you for your interest in offering ongoing classes or instructional programs (e.g. yoga, Tai Chi Pilates, meditation, and similar offerings) at Meadow Path. We welcome teachers who want to share their knowledge and skills in a supportive, respectful environment.

This application helps us learn about you, your class, and how it may fit with Meadow Path's programs. Submission of an application does not guarantee approval or create an agreement to teach at the Center.

Name: _____

Business or Practice Name (if applicable): _____

Phone: _____

Email: _____

Website or Social Media (if applicable):

_____

_____

2. Type of Class or Program

☐ Yoga

☐ Tai Chi

☐ Pilates

☐ Meditation/Mindfulness

☐ Movement/Fitness

☐ Other: _____

Brief Description of Your Class(es):

_____

_____

Who is the class intended for?

_____

3. Your Experience

Please tell us briefly about your training and experience teaching this class or discipline.

_____

_____

_____

Relevant certifications, training, or professional credentials you currently maintain:

_____

_____

_____

Years teaching: _____

4. Class Details

Preferred day(s):

_____

Preferred time(s):

_____

How often would you like to offer the class?

☐ Weekly
☐ Twice monthly
☐ Monthly
☐ Seasonal
☐ Other: _____

Anticipated class length: _____

Would this be a new class at Meadow Path or a class you currently teach elsewhere?

☐ New class
☐ Currently offered elsewhere
☐ Both

5. Your Approach

What would you like participants to gain from your class or program?

Is there anything about your teaching style, approach, or class that you would especially like us to know?

6. Meadow Path Community

We are a small, volunteer-supported wellness center. Our teachers are independent practitioners, and we value people who enjoy being part of the Meadow Path community.

Would you be interested in participating in Meadow Path community activities or teacher/advisory groups?

☐ Yes
☐ Maybe
☐ Not at this time

Which community classes, events, or activities might you be interested in helping with?

7. Insurance & Professional Requirements

Teachers offering classes at Meadow Path are independent contractors and are responsible for maintaining their own professional liability insurance appropriate to the services they provide.

Before teaching, approved teachers must provide proof of current professional liability insurance and name **Meadow Path Healing Arts & Yoga Center** as an **Additional Insured** for activities conducted at or through the Center.

Do you currently carry professional liability insurance?

☐ Yes
☐ No
☐ In process

Insurance Company: _____Expiration date:_____

8. References

Please provide one professional or teaching reference, if available.

Name: _____

Relationship: _____

Phone or Email: _____

9. Additional Information

Is there anything else you would like us to know about you or the class(es) you are proposing?

_____

_____

_____

Teacher Acknowledgment

I understand that submitting this application does not guarantee approval to teach at Meadow Path. If my application is approved, I understand that I will be an independent contractor and will be required to comply with the onboarding process and enter into the Meadow Path **Teacher Associate / Space Rental Agreement**..

I understand that I am responsible for maintaining required professional qualifications and insurance, including naming Meadow Path Healing Arts & Yoga Center as an Additional Insured as required by the Center.

Applicant Signature: _____

Date: _____

For Meadow Path Use

Application Received: _____

Reviewed By: _____

Date Reviewed: _____

Approval Process:

☐ Reference and background checks (when required): _____

☐ Interview conducted by _____

☐ Demo/Audition Class held on _____.

Observed by _____

Application:

☐ Approved
☐ Approved with conditions
☐ Additional information requested
☐ Not approved at this time

Class/Program Approved:

Approved Schedule:

Assigned Tier:

☐ Teacher Associate Tier

☐ Independent Rental Tier

Insurance/COI Received: ☐ Yes ☐ No ☐ Pending

Teacher Agreement Signed: ☐ Yes ☐ No ☐ Pending

Notes/Conditions:

Date Approved: _____

Signature _____