



Volunteer Group Instructor Form

Name _____

Department _____

Physical Work Address _____ City _____

Phone# _____ Email address _____

Do you presently participate in group exercise classes? No Yes

If yes, where do you participate in class(es)? At the County? In the community? Both

Have you ever taught group exercise classes? No Yes If yes, how many have you taught? _____

If yes, what class(es) did you teach? _____

What type of class(es) would you like to teach?

Cardio (step, Zumba, Kickboxing, HIIT) Yoga Strength training classes Core

Balance/flexibility Other, list: _____

Do you presently have a group exercise certification? No Yes

If yes, which one? _____ Expiration date _____

Would you be willing to participate in a five-week instructor training program, if you do not have a group exercise certification? Note: the training is held once a week for five weeks during the lunch hour.

No Yes

Do you presently have a valid CPR and First Aid certification? No Yes

Expiration dates of certification: CPR _____ First Aid _____

Why would you like to become a group exercise instructor? _____

Return form to Jan Hertzfeld @ hertzfeldj@mail.maricopa.gov