

Arthritis Foundation Exercise Instructor Application

Part A: To be completed by applicant

Name: _____ E-mail address: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational background/degree(s) _____

Describe other relevant trainings or continuing education activities you have attended:

Profession: _____

Employment (company name/address) _____

Position/Title: _____

Years in current position: _____

Which of the following certifications do you currently have? (circle all that apply, indicate expiration date,

attach copies of certifications) Basic First Aid _____ CPR _____

Exercise certification (list) _____

Describe your experience working with: people with arthritis, the elderly, people with disabilities or other

special populations: _____

Please list other previous experience as an Arthritis Foundation volunteer: _____

Describe your experience teaching exercise programs: _____

Please list other previous experience as a teacher/trainer: _____

Why do you want to become an Arthritis Foundation Exercise Program Instructor?

Please describe the facility where you intend to conduct the Program (check appropriate box)

	Yes	No
Accessible entrance.....	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped parking within 200 feet of entrance	<input type="checkbox"/>	<input type="checkbox"/>
Accessible exercise room	<input type="checkbox"/>	<input type="checkbox"/>
Exercise room large enough to enable easy movement of 25 people	<input type="checkbox"/>	<input type="checkbox"/>
Carpeted floor in exercise room	<input type="checkbox"/>	<input type="checkbox"/>
Sturdy chairs that are easy to get in and out of	<input type="checkbox"/>	<input type="checkbox"/>
Accessible locker rooms and restrooms	<input type="checkbox"/>	<input type="checkbox"/>
Existing insurance coverage of exercise classes and instructor	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "No" for any of the standards above, please explain: _____

Name and address of facility: _____

In addition to completing this application, please read and sign the attached Statement of Understanding.

Arthritis Foundation Exercise Program

Instructor Statement of Understanding

To ensure the quality of the Arthritis Foundation Exercise Program, the following policies and procedures have been instituted. Please sign below indicating your acknowledgement and acceptance of these requirements:

1. Arthritis Foundation Exercise Program classes must be held in facilities that are physically accessible to the disabled and which have meeting rooms that are safe and comfortable.
2. The exercise facility or co-sponsoring agency must have adequate insurance coverage for the program.
3. The Instructor Training workshop is only open to those who meet certain qualifications and who have been prescreened and approved. All applicants must complete the application form and receive a confirmation letter documenting their approval to attend the workshop. No walk-ins will be allowed into the training workshop.
4. The Instructor Training workshop prepares individuals to be INSTRUCTORS, i.e. people who teach the class. These trainees must undergo additional training and meet other prerequisites before being qualified to become trainers. Only approved trainers can teach others how to be class instructors.
5. Instructors must conduct the program in accordance with the program guidelines and agree not to change the program in any way without prior written authorization from the National Office of the Arthritis Foundation. The program policies will be explained in more detail in the training workshop, after which the instructor will be asked to sign an INSTRUCTOR AGREEMENT FORM.
6. To protect the chapter and the exercise facility against legal claims, class participant release forms must be obtained. In addition, the following safeguards are built into the program:
 - a. At the first class, instructors conduct a lecture about exercise precautions including the recommendation that class participants seek the advice of their physician or surgeon if they've had joint replacement surgery.
 - b. During the training workshop, instructors are taught the precautions and contraindications related to the exercises included in the program. It is the instructor's responsibility to remind class participants about these precautions.
 - c. A "not touch policy" must be adhered to by all instructors: instructors are not allowed to move class participant's limbs to assist with exercises.

Applicant's Signature _____ Date _____

Arthritis Foundation Exercise Program Instructor Agreement Form

As an Arthritis Foundation Exercise Program Instructor, I, _____
(name)

of _____
(Organization)

agree to abide by all the rules and regulations for this program as set forth in the Arthritis Foundation Exercise Program Instructor's Manual and Guidelines and Procedures Manual.

Signature _____ Date _____

Return signed form to: St. John's Regional Arthritis Center
Margaret Lindsey
1235 E. Cherokee
Springfield, MO 65804