



## AERIAL FITNESS FUSION APPRENTICESHIP PROGRAM

**FIRST + LAST NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**APPRENTICESHIP AVAILABILITY:**

AT LEAST (4 CLASSES A MONTH)

Norwalk Pop Up Studio

- Tuesday 6:30 – 7:20 pm
- Saturday 11:45 am – 12:40 pm

Darien Pop Up - Check schedule times online

**PERSONAL ASSESSMENT:**

Why do you want to enroll in this apprenticeship program?

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What type of role do you currently hold in the fitness and wellness arena? (group instructor, personal trainer, allied health professional etc)

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What do you feel are your greatest strengths as a fitness professional/instructor or teacher?

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What areas of your teaching are you looking most to grow and expand?

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Which aspects of Aerial Fitness Fusion are you most looking forward to teaching and learning?

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How did you hear about our Apprenticeship Program?

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Do you have any questions, comments, or concerns?

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\* I understand and agree to fulfill all the requirements of VEGA AERIAL FITNESS + WELLNESS. I understand that VEGA AERIAL FITNESS + WELLNESS reserves the right to ask me to leave the program if my behavior is unethical, inappropriate, or in any way violates VEGA AERIAL FITNESS + WELLNESS ethical guidelines. Under such circumstances, I will not be refunded my tuition. A limited number of applicants will be accepted into the program to ensure that individuals receive the maximum

amount of support. During this Apprenticeship program, Apprentices will not be compensated for teaching community classes or any type of classes. I understand that neither our Apprenticeships guarantees employment at VEGA AERIAL FITNESS + WELLNESS during or after the program. I have read and accept all above terms and requirements.

Applicants who have been accepted will be notified by email, please provide an email that is valid and that you check periodically. Applicants who have been accepted into the program must confirm participation immediately via e-mail or by return phone call. If an applicant fails to confirm participation and preferred method of payment, another student may fill that space. Please indicate your preferred method of notification:

By Email

By Phone

By submitting this application, you acknowledge that you have answered all questions truthfully and to the best of your ability.

**Privacy Notice.** All data submitted above is stored privately and is not shared with 3rd parties.