



3841 SW Hall Blvd, Beaverton, OR 97005  
503 644-1865 [www.yogaheartsong.com](http://www.yogaheartsong.com)

### Mentorship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of years practicing yoga: \_\_\_\_\_

Are you currently teaching? \_\_\_\_\_ If so, how long? \_\_\_\_\_

How many classes/week? \_\_\_\_\_

How often do you attend yoga classes? \_\_\_\_\_

Are you willing to attend at least one class/week? \_\_\_\_\_

How often do you practice yoga on your own? \_\_\_\_\_

How long is each practice session? \_\_\_\_\_

Are you willing/able to commit to practicing at least 30 – 45 minutes,  
4-5 times/week? \_\_\_\_\_ (class does not count as personal practice time)

What are your personal practice goals right now? \_\_\_\_\_

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What are your goals for this mentorship? \_\_\_\_\_

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Do you have any special needs or considerations that I need to be  
aware of? \_\_\_\_\_

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