

Fill in this form, save it to your computer, then email it to fitnesscenter@siskinrehab.org

Next Step Program Application

Personal Information:

1. Name
2. Age
3. Date of birth

Questionnaire:

1. What are you hoping to receive from our program? Make an "X" for your selection:
Motivation to live a healthier lifestyle
Education and training to independently live a healthier lifestyle
A support group to help me focus on my goals
All of the above
2. How likely are you able to commit to 3 months of training? Make an "X" for your selection:
Very committed
Somewhat committed
Not committed
Unsure
3. Are you able to attend at least two days per week (Mon/Wed/Fri)? Make an "X" for your selection:
Yes
No
Most of the time
4. Do you believe you will achieve results by putting in the time and hard work? Make an "X" for your selection:
Yes
No
Unsure

Personal Essay:

Tell us about yourself and the health challenges you've experienced. Provide examples and let us know why you would make the perfect candidate for our program.