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| **Job Description**  **Certified Trainer Level 1** | | | | | | | | |
| Reports to: Fitness Programing Manager | | | Agency: HealthWorks | | | | | Location Code: 6 |
| The Mission of SHARE is to identify, develop and foster programs and services that further the health and well-being of the people of our community and surrounding areas. | | | | | | | | |
| **Position Summary** | | | | | | | | |
| Responsible for customer service, assisting members with equipment use/operation, providing quality individual fitness and exercise programs, providing new member screening, orientation, testing, and exercise prescription. Responsible for the fitness area to be clean and safe and members are following HFC policies and procedures. | | | | | | | | |
| **Position Classifications** | | | | | | | | |
| Primary Classification:  Non-Exempt – Part Time | Pay Frequency:  Bi-Weekly | | | | | | Safety Sensitive:  No | |
| Benefits Eligible:  No | Driver Status:  Non-Routine | | | | | | Random Testing:  Yes | |
| EEOC Classification:  Service Worker | SOC Code:  39-9030 | | | | | | Job Title ID:  102 | |
| **Qualifications** | | | | | | | | |
| Have a High School Diploma or completed a GED. Two years’ experience in an athletic training, military, fitness center or health center environment or two years of education in exercise science, physical education or kinesiology required. Must possess excellent communication, motivational and coaching skills. Must possess competent knowledge of exercise principles, fitness testing, health risks, and fitness design programs. | | | | | | | | |
| **Certifications** | | | | | | | | |
| A current personal training certification from ACSM, NCSA, ACE or NASM is required.  CPR/First Aid Certification must be obtained within 90 days of hire. The cost for external CPR certification will be reimbursed by HFC if internal CPR certification is not available. | | | | | | | | |
| **Physical and Mental Requirements** | | | | | | | | |
| **Light to Medium work**  The work requires some physical exertion such as long periods of standing; walking over rough, uneven, or rocky surfaces; recurring bending, crouching, stooping, stretching, reaching, or similar activities; recurring lifting of moderately heavy items such as typewriters and record boxes. The work may require specific, but common, physical characteristics and abilities such as above-average agility and dexterity. Must possess physical requirements for any national certification required and maintain these requirements at all times.  **The minimum requirements of this position require this individual to:**   * Hear alarms/telephone/normal speaking voice * Able to use computer keyboards * Prolonged periods of standing and walking. * Have clarity of vision with/without corrective lenses | | | | | | | | |
| **Other Requirements for Continued Employment** | | | | | | | | |
| * Complete annual training * Required certifications must be maintained * Availability to work as scheduled during any hours of operation 0 to 29 hours a week. * Must be able to treat ALL people with respect and courtesy without bias or discrimination   ALL SHARE employees are required to keep informed of and comply with the non-discrimination policy as stated: SHARE does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other protected characteristic under applicable law in admission or access to or treatment or employment in its programs or activities. The President/CEO of the SHARE FOUNDATION, has been designated to coordinate efforts to comply with the Americans with Disabilities Act of 1991 which prohibits discrimination on the basis of handicap or disability. | | | | | | | | |
| **SHARE IMPACT Values** | | | | | | | | |
| The values of SHARE are:  **Integrity - Motivated - Professionalism - Adaptability - Compassion - Teamwork**  Your behavior and the values you demonstrate in the workplace have a direct IMPACT on mission fulfillment, the work environment and the people you serve. You will be evaluated on the demonstration of these values in the performance of your work and in your daily interaction with others. You must be successful in both the demonstration of these values and the successful performance of the essential job functions required on this job description. | | | | | | | | |
| **Evaluation Instructions**  **Evaluation Key**: Met **(M)** Needs Improvement **(NI)** Not Met **(NM).**Complete electronically or in ink. Do not erase or use white out and initial any corrections. Give a key for all requirements. Include documentation for NI or NM keys in the comments field. Document any goals that are set during the evaluation. Give employees the opportunity to make comments or to respond in writing. Complete the recommendations section. Signatures are required from the supervisor and the employee. | | | | | | | | |
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| **Essential Job Functions**  To perform this job successfully, an individual must be able to perform each of the following Essential Duties satisfactorily. Reasonable Accommodations may be made to enable qualified individuals with disabilities to perform the Essential Duties of the position, provided it does not create an undue hardship on SHARE. | | | | | | | | |
| **Requirement** | | | | **Key** | **Evaluation Comments** | | | |
| Speak to and greet each member as they come in with a smile and empathy. Make every effort to learn their names and treat them as individuals. Use professional conduct at all times with members and staff. | | | |  |  | | | |
| Participate and be responsible for own manageable losses and be held accountable for their “Retention Team’s” retention rate by use of computer or hand generated reporting. | | | |  |  | | | |
| Responsible for promoting and scheduling large group training and educational programs. | | | |  |  | | | |
| Supervise members’ fitness programs and attend to members’ needs in a friendly, polite, courteous and professional manner. | | | |  |  | | | |
| Circulate fitness floor to maintain helpful relationships with members and staff. | | | |  |  | | | |
| Use good listening skills when member or staff issues arise and utilize professional problem solving skills. Defer to supervisor if issues need further arbitration. | | | |  |  | | | |
| Complete assignments consistently. | | | |  |  | | | |
| Assist with equipment distribution when needed by members. | | | |  |  | | | |
| Assist with cleaning and maintaining a safe fitness environment at all times. Report maintenance issues immediately to supervisor | | | |  |  | | | |
| Report all incidents, accidents and injuries using proper forms to the supervisor and follow up as required. | | | |  |  | | | |
| Ensure all policies and procedures of HWFC are being followed by participants. | | | |  |  | | | |
| Use professional conduct at all times with members and staff. | | | |  |  | | | |
| Attend departmental meetings and training seminars. | | | |  |  | | | |
| Assist with record keeping and data entry of member information. | | | |  |  | | | |
| Ensure proper coverage of fitness area by completing appropriate substitution forms in case of illness, injury or vacations. | | | |  |  | | | |
| Assist supervisor by attaining information regarding market and member needs and wants. | | | |  |  | | | |
| Recruit and schedule his/her own clients within the facility with oversight from supervisor. | | | |  |  | | | |
| Complete all paperwork and tracking of training sales and delivery of services accurately and timely ensuring that sessions have been paid. | | | |  |  | | | |
| Maintain personal training log and submit it each week to supervisor. | | | |  |  | | | |
| Follow all policies, protocols and procedures established for personal training and all of the policies listed in the employee handbook. | | | |  |  | | | |
| Promote member programs and services, encourage cross training and other activities to assist members in attaining their fitness and health goals. | | | |  |  | | | |
| Keep certifications current. | | | |  |  | | | |
| Recruit and schedule his/her own clients within the facility with oversight from supervisor. | | | |  |  | | | |
| Perform other duties as assigned or requested. | | | |  |  | | | |
| Demonstrate an understanding of how SHARE’s IMPACT values help achieve our mission to identify, develop and foster programs and services that further the health and well-being of the people of our community and surrounding areas. Demonstrate those values on a daily basis and be willing to overcome behaviors that negatively impact relationships with co-worker’s and the people we serve. | | | |  |  | | | |
| Adhere to all SHARE Foundation and HealthWorks Policies and Procedures. | | | |  |  | | | |
| **Evaluation Summary** | | | | | | | | |
| **Met last year’s goals:** | | | | | | | | |
| **Evaluation Goals for Up Coming Year:** | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| **Supervisor Pay Change Recommendation** | | | | | | | | |
| Employee’s Current Pay Rate:  Requested New Pay Rate:  \_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director approval of pay change | | | | | | | | |
| **Employee’s Summary Comments (*not required*):** | | | | | | | | |
| By signing this job description, I understand that it is a summary of the typical functions of the job, not an exhaustive or comprehensive list of all the possible job responsibilities, tasks, and duties I may be asked to perform. I will be required to perform other responsibilities, tasks and duties that may differ from those outlined in this job description when they are assigned. This job description should not be construed to imply that these requirements and functions are the exclusive standards of this position. The essential functions or primary responsibilities of this position are subject to change at any time without notice. I understand that I will be expected to fulfill the essential functions, responsibilities, tasks, behavioral expectations and other duties when assigned to my employer’s satisfaction and at its discretion. This job description is not an employment contract and employment is for no fixed term and may be discontinued with or without cause or notice, by me or my employer, at any time.  **Employee Signature: Date:** | | | | | | | | |
| **Supervisor Signature:** | | | | | | **Date:** | | |
| **ED Review:** | | **Date:** | | | | **HR Review:** | | |