

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

ADAPTED AQUATICS VOLUNTEER APPLICATION

Your Name: _____

Date: _____

Thank you for asking about volunteering for Adapted Aquatics. Please fill out this questionnaire so that we can learn more about you and place you in the appropriate volunteer position. Email, fax or mail this with your responses to me and I'll get them to the instructor. Volunteer slots are on a first come first served basis so please get all your paperwork back to me as soon as possible. Thanks again!

What is your experience with kids with disabilities? (It's okay if you don't have any, but it will help us to know). _____

What is the age range you've experienced (or put N/A)? _____

Have you taught any children with disabilities in the water? _____

What other activities have you done with kids with disabilities? _____

How did they communicate? _____

Have you helped kids with disabilities (check all that apply):

In a school At friend's/family's/your home Park or public pool/recreation setting On your own? Along with other adults helping out? Other

One child and yourself With a group of children?

What is your experience with swimming?

Have you ever taught swimming lessons? Yes No Are you a competitive swimmer? Yes No

Have you life guarded? Yes No Are you comfortable in deep water? Yes No

Are you physically able to hold a student up while they're learning to float on back? Yes No

Are you able to hear with the noise of an indoor public swimming pool (some students talk softly)?

Have you worked with kids with autism? Yes No If so, describe their ability level and activities you did together?

What else should we know about you to help you enjoy this experience?

Please check the time slot(s) you'd like to work: **6:30 class** **7:30 class** **Both Classes**

It will be important that you be changed & be on the pool deck on the half hour. Please leave time to drive and to dress out.

To return your paperwork:

E mail: to Marian Kaslovsky mkaslovsky@townofchapelhill.org (Please Note-We need *handwritten* signatures and no cell phone photos of your forms. If you cannot scan and send your forms, you can: a) Fax to 919 932-2923 (attention: Marian Kaslovsky) b) mail or hand-carry to Marian Kaslovsky, Chapel Hill Parks & Recreation, 200 Plant Rd, Chapel Hill, NC 27514

Please note that we DO need your entire social security number and driver's license number & state.

