

For Staff Use:
Rcvd _____
Outlook _____
Input _____

NEW SNAP HELPER APPLICATION

Please Print Clearly

Your name _____ Birthdate _____ Age _____

Local address _____
Street City Zip Code

Home ph _____ Work ph _____ Cell _____

Email _____ Best way to contact is by: Phone _____ Email _____

Permanent address _____
Street City Zip Code

Home ph _____

Person to contact in case of emergency

Name _____ Relationship _____

Home ph _____ Work ph _____ Cell _____

I heard about SNAP from _____

Personal References

Name Phone Relationship

Name Phone Relationship

(Continued.... please turn page over)

Special Needs Aquatic Program

Water Skills (check all that apply):

- | | | | |
|------------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Taught lessons | <input type="checkbox"/> Swim for exercise | <input type="checkbox"/> Team |

Indicate any physical limitations _____

List the languages you speak _____

Related Experience

Describe any experiences or training you've had with children, people with special needs, teaching, or the water. _____

Goals

What is your motivation for working with SNAP? _____

Releases

1. I understand that working in the water poses certain physical risks. I state that I am physically and emotionally capable of undertaking this work and hold SNAP and it's agents harmless in case of injury.

_____/_____
Signature / Printed name Date

2. I will ___ will not ___ allow photos, videos, or other media gathering techniques to be taken and used for the purpose of training others and/or as a community relations resource for SNAP and/or Dori Maxon PT.

_____/_____
Signature / Printed name Date

.....
Please return this form to:

Special Needs Aquatic Program, P.O. Box 120, Berkeley, CA 94701-0120, fax to (510) 740-3974, or email to snapkids@earthlink.net.

Thanks everyone – See you in the water!

Special Needs Aquatic Program
P.O. Box 120, Berkeley, CA 94701-0120
ph (510) 495-4102/ fax (510) 740-3974/ snapkids@earthlink.net, www.snapkids.org
SNAP is program of United Cerebral Palsy of the Golden Gate