

For Staff Use:
Rcvd _____
Outlook _____
Input _____

NEW HELPER REGISTRATION

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Name _____

Email _____ I _____ can / _____ cannot open email attachments.

Address _____
Street City Zip code

Home ph _____ Work ph _____ Cell _____

Water Skills (check all that apply):

- Beginner Intermediate Advanced Fish
- Lifeguard Taught lessons Swim for exercise Team

I would like to help for _____ 1 _____ 2 _____ 3 hours each week.

I would like to be on SNAP's substitute helper list this semester _____.

My preferred days and times at the Berkeley High warm pool are: (1st, 2nd, 3rd choices).

Friday (Berkeley YMCA)

Sunday (Berkeley YMCA)

5:00 pm, ages 9 and under _____
Shallow Pool

12:30 mixed ages _____
Grace's pool

6:00 pm, ages 10 and up _____
Grace's pool

1:30 mixed ages _____
Grace's pool

I have a friend who might be interested in helping too.

His/her name is _____ Email: _____ Phone: _____

Questions/comments _____

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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!