

For Staff Use:
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Outlook _____
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RETURNING HELPER REGISTRATION

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Name _____ My contact info ____ has/ ____ has not changed.

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 ____ 4 classes each week.

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

My preferred days and times at the Berkeley YMCA are: (1st, 2nd, 3rd, 4th choices).

Friday (Berkeley YMCA)

Sunday (Berkeley YMCA)

5:00 ages 9 and under _____
Shallow pool

12:30 mixed ages _____
Grace's Pool

6:00 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. Please contact:

Name: _____ 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!