



## Adaptive Swim Program 2018 Volunteer Application (Deadline September 21)



FUSE is seeking both adult and student volunteers to work with children with disabilities in our adaptive swim held at Hancock Wellness Center. The adaptive swim program is geared toward non-swimmers and beginning swimmers who need to continue to build swimming skills to become independent in the water. Each swimmer is assisted in the water by a one-on-one volunteer.

We are looking for volunteers who would like to work with children ages 5 and older in the water. Volunteers must be ages 15 or older. Both adult and student volunteers are essential to the success of the program, so both are encouraged to apply! No previous experience is required. Volunteers must have basic swimming skills and be willing to work with children of various types of disabilities under the direction of the adaptive swim program consultants.

The swim program will begin with a volunteer orientation on Friday, September 28, from 6:30 to 8:00 p.m. at Hancock Wellness Center (888 W New Road, Greenfield). The first swim session for kids is Friday, October 5. The program runs weekly through November 16. We ask that if you volunteer, that you can commit to at least 5 of the 7 Fridays listed below, plus the new volunteer orientation session prior to the first session (new volunteers only). If you cannot commit to five sessions, you can participate as a substitute on weeks where we have a need. Contact us for more information.

**Fridays from 6:30 to 7:30**

September 28 (new volunteer orientation, 6:30 pm to 8 pm) October 5, 12, 19, 26, November 2, 9, and 16 (last session is a swim meet & party, ending around 8:45).

For questions, call Denise Arland, Executive Director, at 462-9064 or email [darland@fuseinc.org](mailto:darland@fuseinc.org).

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**Clip and Return to:**

FUSE, Inc., 1133 W Main St. Suite E, Greenfield, IN 46140. You can also email it to [darland@fuseinc.org](mailto:darland@fuseinc.org) or fax to 317-467-0814

Volunteer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Can we text you at the cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_ School attending (if applicable) \_\_\_\_\_

Class of \_\_\_\_\_

Parent's Names (if under 18) \_\_\_\_\_

Please describe any experience you have with children with disabilities or special needs and why you are interested in volunteering with this program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mark YES (available) or NO (not available) for each session**

Orientation	Practice	Practice	Practice	Practice	Practice	Practice	Final Practice/Party
9/29	10/5	10/12	10/19	10/26	11/2	11/9	11/16

I hereby agree to (or grant permission for my son/daughter to) participate in the activities of the FUSE adaptive swim program. Further, I agree to hold harmless and release FUSE, Inc. and its officers and directors, and its employees or agents, from any and all liability, claims, and actions arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant. I also hereby grant permission for FUSE to use photos of me taken during the program for promotional purposes in written publications or electronic media.

Signature of volunteer or parent \_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent/guardian required for volunteers under age 18)