



Adaptive Swim Program 2020 Volunteer Application (Deadline September 28)



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, October 2, from 6:15 to 7:15 p.m. at Hancock Wellness Center (888 W New Road, Greenfield). The first swim session for kids is Friday, October 9. The program runs weekly through November 20. 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 (for 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 6:15 to 7:15

October 2 (new volunteer orientation, 6:15 pm to 7:15 pm) October 9, 16, 23, 30, November 6, 13, and 20.

For questions, call Courtney Locke at 462-9064 or email clocke@fuseinc.org.

Clip and Return to:

FUSE, Inc., 1133 W Main St. Suite E, Greenfield, IN 46140. You can also email it to clocke@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	Practice
10/2 (if new)	10/9	10/16	10/23	10/30	11/6	11/13	11/20

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)