



Adaptive Swim Program 2010 Volunteer Application (Deadline September 24)



FUSE is happy to announce the return of our adaptive swim program for children with disabilities of all types. Hancock Wellness will host our program again this year. 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. Swimmers from age 5 to 17 can participate.

We are looking for volunteers who would like to work with children 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 coach and other volunteer program consultants.

The swim program will begin with a volunteer orientation on Friday, October 1, from 6:30 to 8:00 p.m. at Hancock Wellness (888 W New Road, Greenfield). The first swim session for kids is Friday, October 15. The program runs weekly through November 19. Our last day will be a swim meet at Hancock Wellness. We ask that if you volunteer, that you can commit to at least 4 of the 6 Fridays listed below, plus the new volunteer orientation session prior to the program start (if applicable). If you cannot commit to at least half the 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

October 15, October 22, October 29, November 5, November 12, November 19 (swim meet & party).

For questions, call Denise Arland, Executive Director, at 462-9064 or email darland@fuseinc.org.

Clip and Return to:

FUSE, Inc., P.O. Box 314, Greenfield, IN 46140. You can also email it to darland@fuseinc.org or fax to 317-467-0814.

Volunteer's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____
Can we text the cell phone above a weekly reminder? Yes ___ No ___

Email: _____ School attending (if applicable) _____

Parent's Names (if student 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 with an X all sessions you can attend:

Orientation	Practice	Practice	Practice	Practice	Practice	Final Meet/Party
10/1	10/15	10/22	10/29	11/5	11/12	11/19

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 Hancock Wellness, 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 _____
(Signature of parent/guardian required for volunteers under age 18)