



Richmond Rapids Swim Club Volunteer Application and Information Sheet

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: _____ Date of Birth: _____

Emergency Contact Name _____

Relationship: _____ Number: _____

Any health conditions we should be aware of? _____

All volunteer shifts are at Minoru Pool from 5:30 to 7:30pm. All volunteers are required to bring their own bathing suit and be in the water throughout the lesson. Please indicate what days you would prefer to volunteer:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Sunday _____

Completed WSI _____ (if so, date of completion) _____

Completed Community Coach Course _____ Date taken _____

Relevant competitive swimming experience: _____
