



Orca Swim Helpers

Name: _____ Current Grade: _____
Phone: _____ Email: _____

Experience

Please indicate the number of years you have participated in the following:

Orcas _____ Club Swim _____ High School Swim _____

Have you been an Orca swim helper before? (Y/N) When? _____

Lifeguard Certified? (Y/N) Where & When _____

Availability

What days are you generally available (*beginning 8&U practice time is 9:45-10:15 am*)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I will be on **unavailable** these dates:

Additional Comments:

Please Return To:

Kerry Clemm (18 Breckenridge Dr. k_clemm@yahoo.com, or 630-957-8439)