

SUPPLEMENTAL SWIM INSTRUCTOR APPLICATION

PERSONAL INFORM	NATION		
LAST NAME:	FIRS	T NAME:	M.I.:
	l experience you have	e had with swimming. you have taught, etc	This may include swim Attach additional
run from Mid-June tl from 10 AM to 12 PN Instructors are expe	Swim Lessons Program nrough Early August. L M, as four 30-minute le cted to be available to e which of the four se	essons are taught Mo.	
SESSION ONE (JUNE 10TH – 20TH)	SESSION TWO (JUNE 24TH – JULY 5TH)	SESSION THREE (JULY 8 TH – 19 TH)	SESSION FOUR (JULY 22ND – AUG 1ST)
WOULD YOU LIKE TO) TEACH ADULT SWIM I	LESSONS (CIRCLE ONE):	yes no
DO YOU HAVE ANY	EXPERIENCE TEACHIN	G SPECIAL NEEDS (CIRCLE	E ONE): YES NO
I verify that all inform knowledge.	nation contained in th	is application is accu	rate to the best of my
APPLICANT SIGNATURE			DATE