

JOB/CONTRACTOR APPLICATION

Thank you for your recent request for our contractor position at Specialty Aquatic Programs, LLC. Please use correspondence below to facilitate the application process for your contractor experience.

It is important you read this letter to be aware of our expectations. After you read this letter, please complete the attached application and submit it with your resume to

admin@specialtyaquaticprograms.com

The team will review your application and respond with further instructions.

Below is information about our setting's policies and procedures. It is an expectation that all independent contractor understand the following:

- You are responsible for paying for your own parking/transportation. There may be a special transportation stipend for some clients/programs if built into the client expense.
- You are expected to facilitate programming according to your skillset and scope of practice. If you require training for certain aquatic treatments or modalities, we will gladly train in a shadow to the facilitator/Lead position. You are not compensated for training.
- All programming and materials are intellectual property of Specialty Aquatic Programs LLC. Printed materials may only be copied and shared with permission of the Director.
- You will be compensated a flat orientation rate for learning a new location or program protocols.
- You are encouraged to bring your own passion and talents to the pool. Therapists and Directors are viewed as peers and therapists. Lead staff have professional autonomy. . If you have a program idea you'd like to pilot on your own, please let the Director know.
- If you want to have steady hours at our locations, it is recommended that you are cross trained for other non-facilitating positions.
- We are active so please dress in comfortable clothing for the pool area and within the community. You must be responsible for practicing acceptable standards of personal hygiene and grooming. Headphones shall not be worn in public areas. Phones shall not be in use, unless needed to execute client/group sessions, or for safety measures..
- For Lead positions, you must carry your own malpractice insurance and maintain certifications appropriate for your position and compensation level and complete workman's comp release waiver.
- You are welcome to use Specialty Aquatic Programs equipment, with accountability that you will return it. You, of course, may use your own

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equipment as well.

Please indicate the days and hours below you are currently available. We expect you to complete your hours as you have indicated and be punctual each day. You will be asked to complete your availability quarterly.

Thank you for your interest in working with us at Specialty Aquatic Programs. We look forward to helping you meet your professional goals!

Swimcerely,

Nicole M. Scherbarth CTRS/ATRIC

Clinic & Community Program Director
Specialty Aquatic Programs LLC
admin@specialtyaquaticprograms.com
(616) 901-5670

Instructions: Please complete and return this application WITH your current resume to the Program Director (not needed for high school student).

Date of Application: _____

1. Name: _____

2. Name of School (if currently enrolled)_____

4. Contact Information:

Home Address: _____

Phone: _____

School Address: _____

Phone: _____

Email: _____ Alternate Email: _____

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Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

5. Number of hours you would like to work a week: _____

6. Date you are available to begin: _____

7. Why did you choose to apply at Specialty Aquatic Programs LLC? What kind of professional experience are you hoping to gain?

8. Please describe your swim experience. Would you classify yourself as a beginner, intermediate or advanced swimmer?

10. Have you ever taught swimming before?

11. Are you lifeguard certified or Certified as a swim instructor?

12. Have you ever led a class or program before, please describe?

13. How far are you willing to travel for programs (in miles)?

14. What position are you applying for (May be more than 1)?

14. Please indicate your tentative schedule request below for the current season:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Early morning							
Late morning							
afternoon							
evening							