

## **JOB/CONTRACTOR APPLICATION**

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

You must 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](mailto: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 contractors understand the following:***

- You are responsible for paying for your parking/transportation. If built into the client's expense, there may be a special transportation stipend for some clients/programs.
- 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 for the facilitator/Lead position. You are not compensated for training.
- All programming and materials are the 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 passion and talents to the pool. Therapists and Directors are viewed as peers and therapists. Lead staff have professional autonomy. Please let the Director know if you have a program idea you'd like to pilot on your own.
- 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 used unless needed to execute client/group sessions or for safety measures..
- For Lead positions, you must carry your malpractice insurance, maintain certifications appropriate for your position and compensation level, and complete a workman's comp release waiver.
- You are welcome to use Specialty Aquatic Programs equipment, with the accountability that you will return it. You, of course, may use your equipment as well.

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Compensation-In an effort to be transparent about compensation, pay rate levels vary depending on the level of experience, education, and type of program. Our compensation system encourages educational growth and training. Some training is paid for as a benefit to the contractor.

- Non-professional or Assistant=range is \$14-\$25
- Professional Level or Lead rate=\$25-\$45

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](mailto:admin@specialtyaquaticprograms.com)  
(616) 901-5670

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

Date of Application: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Name of School (if currently enrolled) \_\_\_\_\_

3. Contact Information:

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

4. Number of hours you would like to work a week: \_\_\_\_\_

5. Date you are available to begin: \_\_\_\_\_

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

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- 7. Please describe your swim experience. Would you classify yourself as a beginner, intermediate, or advanced swimmer?
- 8. Have you ever taught swimming before?
- 9. Are you lifeguard certified or Certified as a swim instructor?
- 10. Have you ever led a class or program before, please describe.
- 11. How far are you willing to travel for programs or work with students/clients (in miles)?
- 12. What position are you applying for (May be more than 1)? Aquatic Therapist, Aquatic Specialist, Swim Instructor, Adapted Swim Instructor, Aquafit Instructor, Program Location Supervisor
- 13. Do you have certifications related to aquatic fitness, aquatic therapy or swim/adapted swim? If so, please describe
- 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       |     |      |     |       |     |     |     |

- 15. Will this schedule change seasonally? If so, please describe:
- 16. Are you willing to complete a background check if over 18?