



# Volunteer Application Information

Hello,

Thank you for your interest in gaining volunteer experience with **Specialty Aquatic Programs, LLC**. We are excited that you are considering joining our team. Please review the information below to guide you through the application process.

This letter serves as an introduction to our **policies, procedures, and expectations**. You must read it carefully. After reviewing, please complete the attached application titled:

**Volunteer Application\\_Name**

and submit it to:

**Diane — [diane@specialtyaquaticprograms.com](mailto:diane@specialtyaquaticprograms.com)**

Our team will review your materials and follow up with next steps.

## About the Volunteer Experience

Volunteer placements may include learning about and supporting clients with a wide range of needs, including:

- Post-trauma injuries
- Orthopedic conditions
- Sensory processing differences
- Developmental disabilities
- Other special needs within the aquatic environment

You will observe both children and adults participating in **aquatic therapy services** and **inclusive swim programs**. You may also assist with **community outreach initiatives** or **special events**.

All of our programming is **inclusive**, meaning individuals with special needs are integrated into mainstream aquatic activities. Each program location offers different services, but all share the

**Main location: 650 Church Street, Plymouth, MI 48170**

**(248) 419-0327**



belief that **water is healing** and supports individuals of all ages and abilities in developing lifelong skills.

## Policies & Expectations

### Background Check Requirement

- A **background check** is required for all volunteer placements.
- A **copy of a valid photo ID** must be submitted as part of the screening process.

### Transportation

- Volunteers are responsible for their own parking and transportation costs.

### Physical Requirements

- Ability to lift up to **25 pounds**
- Ability to tolerate pool temperatures between **80–95 degrees**
- Ability to actively participate in water programming for up to **4 hours** at a time

### Dress Code

#### a. Aquatic Environment

- Wear a **swimsuit** when in or around the water
- A **swim shirt** is recommended if you tend to get cold
- Bring **deck clothes, closed-toe shoes, and towels**

#### b. Personal Care

- No perfume, cologne, or heavily scented products
- No smell of cigarette smoke
- Artificial nails or nail tips are **not permitted**

#### c. Appearance

- No visible tattoos or facial piercings except earrings

#### d. On Deck / Community Settings

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- Conservative **business-casual attire** is required when not in the water
- Closed-toe shoes with socks and a sleeved shirt are required
- Volunteers must maintain appropriate personal hygiene and grooming

## Technology Use

- Headphones and earbuds may not be worn in public areas
- Cell phones and wearable technology must remain put away for the duration of your shift

## Attendance

- Please indicate the **days and hours** you plan to volunteer
- Punctuality and completion of your committed hours are expected



# Volunteer Application — Fillable Information

## General Information

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

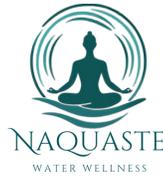
## Program Location Preference

*(Check all that apply — locations vary by season and availability)*

- Plymouth
- Northville
- Troy
- Other Southeast Michigan locations as assigned
- No preference

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## Availability

- Preferred Start Date: \_\_\_\_\_

### Days Available:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- Hours Available: \_\_\_\_\_

## Education & Background

- Current School (if applicable): \_\_\_\_\_
- Program/Major (if applicable): \_\_\_\_\_
- Required Hours (if applicable): \_\_\_\_\_

### Are you completing hours for:

- High School  College/University  Certification  Personal Interest

## Experience & Interests

- Why are you interested in volunteering with us?
- Relevant experience (aquatics, therapy, childcare, disability support, etc.):

### Comfort Level in Water:

- Comfortable in deep water
- Comfortable in shallow water only
- Prefer to observe from deck

## Placement Preferences

- Aquatic Therapy Observation
- Inclusive Swim Programs
- Community Outreach
- Special Events
- Administrative Support
- No preference

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## Required Documentation

- Background Check Submitted:  Yes  No
- Copy of Photo ID Attached:  Yes  No

## Additional Information

Do you have any medical conditions or physical limitations we should be aware of for safety purposes?

- (Optional — used only to ensure safe placement)
- Do you require any accommodations to participate in volunteer activities?

## Acknowledgment

I acknowledge that the information provided is accurate and that I have reviewed the volunteer expectations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Swimcerely,

***Nicole M. Scherbarth, CTRS, ATRIC***

Specialty Aquatic Program Director

Specialty Aquatic Charity Founder

Naquaste Water Wellness LLC — Co-Owner