

VOLUNTEER REGISTRATION FORM & APPLICATION

We are proud to offer our new Adaptive Aquatics Swimming Initiative. This program is designed for participants 4 years of age or older with a diagnosed disability. Participants may have, but are not limited to, behavioral, communication, or sensory challenges who may have cognitive or physical limitations. The goal is to teach water safety and promote independent swimming and social interaction in a fun, welcoming environment. Our certified instructors will work alongside volunteers to modify lessons that will accommodate the abilities, needs, and goals for each individual swimmer. Please briefly introduce yourself and describe past experiences that may help us make this program successful. Thank you so much for your time and consideration.

2025 – 2026 AVAILABILITY

Below are the dates for 2025-2026 sessions. Please select “**Available**” for any of the following dates that you are able to fully commit to the dates and times listed per session.

FALL SESSIONS

August 20-September 17 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

October 1-October 29 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

WINTER SESSIONS

November 12-December 17 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

January 7-February 11 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

SPRING SESSIONS

February 25-April 1 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

April 15-May 20 | 5:15-6:00 pm ☐ Available ☐ Partially Available ☐ Unavailable

VOLUNTEER CONTACT INFORMATION

Name:

Home Phone Number:

Cell Phone Number:

Email Address:

Home Address:

☐

I am a new volunteer.

☐

I am a returning volunteer.

EMERGENCY CONTACT INFORMATION

Name:

Home Phone Number:

Cell Phone Number:

EDUCATION, SPECIAL SKILLS OR EXPERIENCE (NEW APPLICANTS ONLY)

Please briefly introduce yourself and describe why you would be a good fit for our Adaptive Aquatics Program.

Please describe your level of experience with individuals with disabilities.

Please describe your comfort level in water and any aquatics experience.

EXPERIENCE (RETURNING APPLICANTS ONLY)

I have worked with the following participant(s) in past sessions of the Adaptive Aquatics Swimming Initiative:

☐

I prefer to work with a different participant.

☐

I prefer to work again with:

SPORTS AND AQUATICS COMPLEX PHOTO WAIVER AND RELEASE OF LIABILITY

During the course of this program, we take photographs and videos of lessons to share promotionally on social media and other platforms. By which incidentally, some photographs or videos may capture your participation, directly or indirectly.

These photos or videos may be published through our website, social media pages, ads, etc. With this, we request your consent to allow us to publish photos, videos, audio, etc. which may include you to the said platforms.

Please do provide your response by selecting your choice below and submitting this form:

☐

I hereby allow the reproduction and publication of my photograph(s)

☐

I do not allow the reproduction and publication of my photograph(s)



DINAH E. GORE SPORTS & AQUATICS COMPLEX

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Please submit application to Mandy Long at hartzella@brunswickcc.edu