



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Teen Assistant Applicant:

We are excited you are looking into our swim instructor assistant program. These 3 simple steps you will need to take to obtain a position are:

Step 1: Fill out the attached application and return it to either branch.

Step 2: Give the reference form to your swim coach, guidance counselor , teacher, or baby-sitting employer to complete and send to the Y. (It is a nice gesture to attach a stamped, addressed envelope so it will not take much effort.)

Step 3: You will be contacted if you are considered to be a qualified candidate and will be asked to come in to meet the Aquatics Team Leaders and fill out additional paperwork and choose your schedule.

Thank You,
YMCA Aquatics Team

Patty Benda
(607) 770-9622 ext 106
pbenda@bcymca.com

Jen Dube
(607) 772-0560 ext 115
jdube@bcymca.com

www.ymcabroome.org



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YMCA of Broome County Application for Teen Volunteering (Equal Opportunity Employer)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

CANDIDATE: Please complete the following information.

NAME: _____ AGE: _____
GRADE: _____ DOB: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____

Aquatic Experience: (Include swim lessons, swim team, snorkeling, boating, etc.) _____

Experience working with children:(Include baby-sitting, volunteer work, etc.) _____

Describe briefly why you are interested in becoming an assistant swim instructor: _____

(Use the back of this form for additional space if needed)



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Candidate: Please complete the information in this box and give the form to your swim team coach, guidance counselor, teacher or babysitting employer. You may copy this form if you wish to provide more references.

Candidate's name: _____ is interested in becoming an assistant swim instructor for the YMCA. He/She requests that you fill out the following information on His/Her behalf. He/She acknowledges that this information will be kept confidential.

Candidate's Signature

Date

Reference: Thank you for your assistance in this process. Please complete the following honestly. The information will not be shared with the candidate, but will give us a better idea of how suitable He/She is to participate in the program.

How long have you known the candidate? _____

In what capacity? _____

Please rate the candidate in the following categories. (use NA if you feel you do not know in a certain category)

1= Highest 5=Lowest

____ Reliability ____ Character ____ Safety

____ Performance ____ Punctuality ____ Patience

Please briefly describe how you feel this candidate would do as an assistant swim instructor. (Please use the back of this sheet if needed)

Reference's Signature

Date

Please return reference to:
Patty Benda, Aquatics, Broome County YMCA
740 Main Street Johnson City, NY 13790
pbenda@bcymca.com