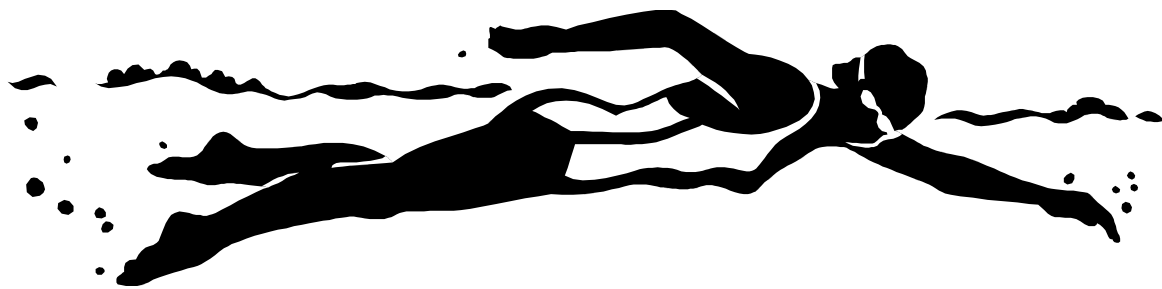


Broome County YMCA
Binghamton Aquatic Department
Teen Assistant Swim
Instructor Program



Information attached for candidates interested in
Participating in our teen job training program. Please
Complete the following forms and return to:

Patty Benda, Aquatics Director
740 Main Street
Johnson City, NY 13790
(607)-770-9622 EXT. 106
Or electronically
pbenda@bcymca.com

Jen Dube, Asst Aquatics Director
61 Susquehanna Street
Binghamton, NY 13901
(607)-772-0560 EXT 115
Or electronically
jdube@bcymca.com



Dear Possible Summer Candidate:

We are excited you are looking into our swim instructor assistant program. The basic set-up of the program is as follows:

- Step 1: Fill out the attached application and return it to the WEST FAMILY YMCA as soon as possible to guarantee desired site.

- Step 2: Give the reference form to your swim coach, guidance counselor, teacher, or baby-sitting employer to complete and send to the YMCA. (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 for an Interview, fill out additional paperwork and pick a site.

- Step 4: Accepted candidates will participate in instructor training, Thursday, June 4th. We will work around your test schedule, but try to be there to participate as much as possible.

Teen Assistant Volunteer Application - Swim Lessons

CANDIDATE: PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN IT TO THE BINGHAMTON YMCA AS SOON AS POSSIBLE.

NAME: _____ AGE: _____
GRADE: _____ DOB: _____

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)



Candidate: Please complete the information in this box and give the form to your swim team coach, guidance counselor, teacher or babysitting employer

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 Director, Broome County YMCA
 740 Main Street Johnson City, NY 13790
 pbenda@bcymca.com