



## Volunteer Swim Teacher Form

Please fill in the details below and attach relevant information. We will contact you with details on volunteering with Water Skills For Life in our swim programs.

Last Name:	First Name:
Address:	
Telephone:	Mobile:
Age: Date of Birth:	Email:

Please attach the following:

- A short CV of experience as a swim teacher:
- Other relevant experience that may assist the program:
- Copy of your Swim Teacher Qualification:
- Working With Children's Check number:
- Current CPR and/or First aid:

### **Photographic/Film Image Consent –**

As a volunteer swim teacher, we advise that photographic and film images of participants in our swim programs may be used by us for the purposes of promotion and marketing of our programs and projects.  I agree  I disagree



## Volunteer Swim Teacher Form

### Medical & Emergency Details

<b>Emergency Contact Person:</b>	<b>Name:</b>
<b>Phone:</b>	<b>Mobile:</b>
<b>Signature:</b>	<b>Date:</b>

### Medical (optional)

Do you have any particular medical or physical condition that you feel Water Skills For Life 1<sup>st</sup> Aid officer/s should know about in case of an emergency? This information is held in the strictest confidence.

Medical Condition	Yes/No	Further information or further details
Allergy		
Breathing Disorder		
Ear Disorder		
Epilepsy, Fainting/Dizzy Spells		
Other Relevant Information		

NAME \_\_\_\_\_

SIGNEATURE \_\_\_\_\_

DATE \_\_\_\_\_