## **VOLUNTEER APPLIOATION** PAAL PHYSICAL ACTIVITY FOR ACTIVE LIVING

## Fall 2023

Which program(s) do you want to volunteer with (circle or check ALL that apply)	Child PAAL (Saturdays)	Teen PAAL (Saturdays)	PAAL Fit (Tuesdays)	PAAL Fit (Thursdays)
Name & Pronouns				
Age				
Address				
City/Province & Postal Code				
Phone				
Email				
Swimming experience/ comfort level in the water (ie. are you able to swim, only comfortable in shallow end, etc)				
Qualifications/certificatio ns (Recreational Therapy, aquatics, CPR/SFA, etc) that may help you in volunteering with PAAL				
Previous experience (with PAAL, working with kids, teaching/ coaching, etc) that may help you in volunteering with PAAL *If with PAAL previously, provide participant's name				

## Submit Application:

Email: usaskrec.aquatics@usask.ca In-Person: Room 222 @ the PAC

