Volunteer Application
Galt Gators Swim Team
GatorAide Volunteer Coaching Application

Applicant Information

Date Received: _____

Name _____

Contact Phone_____

Contact Email _____

Age as of April 1, 2025 (must be 12 years of age or older by this date):_____

List your prior volunteer experience (include organization names and dates of service)

Organization	Supervisor Name	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a Letter of Interest and why you feel you are the best candidate for this position.

Availability

All GatorAides must work a minimum of 50 hours during the swim season. GatorAides will be scheduled weekly according to their availability and the needs of the Galt Gators Swim Team. GatorsAides will be once every other week with the Head Coach as well.

On which days are you available to volunteer? (Please Circle)

Monday Tuesday Wednesday Thursday Friday Saturday

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability.

Name/Organization	Relationship to You	Phone	Length of relationship
1.			
2.			
3.			

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. As a GatorAide, I understand that I must volunteer a minimum of 50 hours through the course of the swim season (April – July). At the end of the swim season, if I have volunteered a minimum of 50 hours, my family's account (which originally had the payment made from) with the City of Galt Parks & Recreation Department will be credited the amount of my registration fee (up to $215). Failure to complete the required number of hours will result in no amount of money being credited to my family's account.

Applicant's Signature _____ Date _____

As a parent/guardian of the above mentioned applicant, I understand that I must complete all the required registration forms and pay the registration fee prior to my son/daughter participating on the Galt Gators Swim Team and as a GatorAide. I also understand that if my child volunteers for a minimum of 50 hours that the registration fee will be credited to the appropriate family account at the end of the swim season.
I also understand that my child will be schedule according to his/her availability. The coaching staff is relying on the volunteers to work their shifts as scheduled. I will notify the coaches or management in a timely manner if/when my child cannot make a scheduled shift.

_____ _____

Printed name Printed signature

Date _____

Applicant must be 12 years or older by April 2, 2024 AND be a registered member of the Galt Gators Swim Team.

Applications must be mailed/delivered to Attn: Monica Lopez, Galt Parks & Recreation Department, 610 Chabolla Avenue, Galt, CA 95632 no later than **March 17, 2025.**

For further questions call (209)366-7180 or email mlopez@cityofgalt.org.