

Lifeguard Application for Lake Pines Swim Club

Name: _____ Social Security # _____
Address: _____ Phone # _____
Date of Birth: _____ Cell # _____

Required Certifications:	issued at	expiration date
Lifeguard	_____	_____
CPR	_____	_____

Supplemental Training:	issued at	expiration date
First Aid Training	_____	_____
Blood borne Pathogens	_____	_____

Previous Lifeguarding Experience

Position	Place	Supervisor	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you be available to work from May 23, 2015 until September 7, 2015?

Do you know of any dates you cannot work?

Are you going off to college? When?

Applicant Status: full time lifeguard rotation _____ substitute lifeguard _____

Would you like to be included in the Gate Keeper rotation? _____

Please return this application to:

Christi Wilhelm

101 Club Road

LaGrange NC 28551 252-566-2146

christiw@suddenlink.net

