



Lifeguard Application

(Please print)

Name: _____ DOB _____ Social Security # _____ - _____ - _____

Address: _____

Phone # _____ E-mail address: _____

Required Certifications

	issued at	expiration date
Lifeguarding (ARC/YMCA/other)	_____	_____
CPR (NSC/ARC/AHA)	_____	_____
First Aid Training (type: _____)	_____	_____
Lifeguard Training (ARC/YMCA)	_____	_____

Supplemental Training

CPO (NSPF/YMCA)	_____	_____
WSI (ARC/YMCA)	_____	_____
SCUBA (PADI/YMCA/NAUI)	_____	_____
OTHER: _____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Lifeguarding / Supervising Experience

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

Reference Listing

Name	Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Office Use Only:

Interviewed by: _____ Date: _____

Applicant Status: hired (full time) _____ hired (substitute) _____ pending: _____ stipulations: _____
