

Lifeguard Application Town of Raymond

1. Personal Details

Last name:		First name (s):	
Address:			Date of Birth:
Home phone:		Cell phone:	
Email address:		Social Insurance Number:	
Residency: <input type="checkbox"/> Town of Raymond (within town limits) <input type="checkbox"/> Stirling <input type="checkbox"/> Magrath <input type="checkbox"/> City of Warner (just outside town limits) <input type="checkbox"/> Other: _____			
Emergency Contact			
Emergency Contact:			Relationship:
Contact Phone:		Contact Phone:	

2. Availability

<p>You must be available for the whole season, including pre-season in-services. Dates Available: _____ to _____</p> <p>Do you require any time off during the season: Yes/No If yes, please specify dates: <i>Time off during our short season is not guaranteed.</i></p>

3. Qualifications

<p>REQUIRED CERTIFICATION</p> <p>Do you hold a current NLS certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: _____</p> <p>Do you hold current a First Aid/CPR C certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: _____</p> <p>What other current certifications do you hold? <input type="checkbox"/> AWSI Exp: _____ <input type="checkbox"/> WSI Exp: _____ <input type="checkbox"/> LSI Exp: _____ <input type="checkbox"/> CALA Exp: _____</p> <p>Copies of all certificates must be attached to this form. Wage is based on certifications; any certificates submitted after application will affect wage from the date submitted only.</p>

4. Fitness

Do not complete. This section will be completed by the Pool Supervisor at “Lifeguard Tryouts.” It is listed here for your information.

25 m head up swim: Complete/Incomplete min sec

Dive for 20 lb brick: Complete/Incomplete

Shoulder carry/PIA carry: Complete/Incomplete

Demonstrate spinal rescue: Complete/Incomplete

5. Previous Employment

Have you worked as a lifeguard for the Town of Raymond before? Yes/No
Dates:

Please give your employment history starting with the most recent position. Please account for any breaks in your employment, ie studying, travelling. Returning lifeguards account for employment since last season worked.

Employer/Organization	From	To	Details

6. References

NEW LIFEGUARDS

Please provide 2 references.

RETURNING LIFEGUARDS

If you worked for us last season we do not require that you re-submit this information.

Reference 1:
Company/Organization:
Address:
Position/Relationship:
Phone:
Email:

Reference 2:
Company/Organization:
Address:
Position/Relationship:
Phone:
Email:

7. Experience, Knowledge & Skills

This section is your chance to let us know why you are the right person for a job as a lifeguard. Your statement should include examples that clearly demonstrate your skills and abilities to undertake this job, and list any relevant experience. Examples can relate to work/life experiences, personal achievements, training, volunteer work and/or interests.

8. Lifeguard Agreement

Please read and sign below.

This agreement is between (print your name) _____ and the Town of Raymond. Lifeguards report directly to the Pool Supervisor and to the Director of Community Services. Lifeguards at the Raymond Aquatic Centre are expected to:

- Maintain the safety of all patrons in and around the Pool.
- Represent the Town of Raymond by maintaining professionalism at all times.
- Communicate and enforce all Raymond Aquatic Centre regulations and pool rules in a reasonable and professional manner.
- Communicate any potentially dangerous elements of the facility to the Pool Supervisor.
- Find a substitute if you are not able to work your shift.
- Attend all scheduled staff meetings.
- Participate in and help facilitate staff training.
- Complete and sign off on tasks on daily checklists during off-deck time.
- Handle all incidents in a manner appropriate to your training. Recommend that all injured patrons seek professional medical attention. Complete incident/accident reports.
- Be aware of pool scheduling and programming to educate public.
- Perform other duties as assigned.

By signing this contract you agree to perform all these duties during your assigned shifts or when you have agreed to substitute for another member of the staff.

I confirm that all information in this application is correct.

Signature

Date