

BELWOOD CABANA CLUB LIFEGUARD APPLICATION

NAME _____ DATE _____

EMPLOYMENT WANTED FOR ____ FULL TIME ____ PART TIME

EMAIL ADDRESS _____ CELL PHONE _____

HOME ADDRESS _____

PARENT OR GUARDIAN NAME _____ PHONE _____

DAYS AND HOURS AVAILABLE

MONDAY _____

FRIDAY _____

TUESDAY _____

SATURDAY _____

WEDNESDAY _____

SUNDAY _____

THURSDAY _____

PREVIOUS LIFEGUARDING EXPERIENCE (date of employment and name of facility)

CURRENT CERTIFICATION (list the date earned (month/date/year))

_____ CPR

_____ AMERICAN RED CROSS LIFESAVING

_____ WSI

_____ AED

If hired by The Belwood Homeowners Association, I recognize that I shall be held to the appropriate standard for employee conduct. Further, I am responsible to enforce all pool regulations & policies and I recognize that I will be required to adhere to all standards for lifeguard conduct as described in the lifeguard manual. Failure to do so could result in my dismissal.

Signature _____

OFFICE USE ONLY

HIRED YES ____ NO ____

DATE HIRED _____

HOURLY WAGE _____