

Lake Hills Association **LIFEGUARD APPLICATION**

Water Safety Director: Peg Fitzpatrick Email: Peg@thehomfitz.com Phone: 203-767-4747

PERSONAL INFORMATION

NAME: _____ DOB: _____

CELL PHONE: _____ EMAIL: _____

HOME ADDRESS: _____

Is this your first year guarding at Lake Hills? ___ Yes ___ No. If no how, many years have you previously guarded for us ___.

What was your previous assignment: ___ PT ___ FT ___ Swim Lessons

CERTIFICATIONS DATES:

Waterfront Guarding	CPR	First AID

YOU MUST HOLD CURRECT CERTIFICATIONS In Waterfront Guarding, CPR, and First AID

PREVIOUS WORK HISTORY

Location	Date	Supervisor	Phone

What days of the week do you prefer? ___ Su ___ M ___ T ___ W ___ Th ___ F ___ S

What are your preferred hours? _____

What days are you unavailable? ___ Su ___ M ___ T ___ W ___ Th ___ F ___ S

What dates are you unavailable to work for the summer? _____

Do you have WSI certification? ___ Yes ___ NO

If yes, do you want to teach lessons? ___ Yes ___ No. If you, do you prefer: ___ M-F ___ Sat only

Are you interest in coaching the Swim Team? ___ Yes ___ NO

This will require four additional hours of practice per week as well as a minimum of 4 swim meets for the summer.

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Please answer the following questions with honesty

1. I want to lifeguard at Lake Hills because.....

2. I handle pressure as evidence by.....

3. I have self-confidence as evidence by.....

4. I consider myself to have the following redeeming qualities.....

5. Any suggestions for the upcoming season.....

MANDATORY LIFEGAURD SWIMS DURING THE SEASON AS DEEMED BY THE WATER SAFTEY COORDINATOR

Equipment Information

Bathing suit: _____ Whistle: _____

Please email / text / mail this completed application, no later than May 1st, 2022, to the Water Safety Director. In addition please send a copy of your lifeguard certification.

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All certifications which need renewal are the responsibility of the lifeguard.