

Village of South Orange Department of Recreation & Cultural Affairs 5 Mead Street, South Orange, NJ 07079 (973) 378-7754, ext. 1

Fax: (973) 378-783

Lifeguard Application

PLEASE PRINT NEATLY

Last Name:		First:		Date:		
Permanent Address:						
Home Phone Number:Cell Phone Number:			mber:			
Email Address:			· · · · · · · · · · · · · · · · · · ·		 	
Date of Birth:	Current Age				 	
LIFEGUARD INFORMATION - PLEAS (even if you have worked for us before		PHOTOCOPIES (OF YOUR CUP	RRENT CERTIFIC	ATIONS	
C.P.R. Certificate (date received):				copy attached:		
Waterfront Lifeguard Training Certificate (date received):			copy attached:			
First Aid Certificate (date received):			· · · · · · · · · · · · · · · · · · ·	copy attached:		
Proof of Age (birth certificate, passport, license)			copy attached:			
PLEASE NOTE: All applicants under taxailable at the local high school. SWIM INSTRUCTION	the age of 18	3 will be required to	submit workir	ng papers. Workin	g papers are	
All swim instruction (group and private through the department and pool mana		ered at the South (Orange Comm	unity pool will be s	cheduled	
Are you certified/trained to provide swim instruction?			Yes	No		
If "yes", please indicate certification:			copy attached:			
Do you want to be considered for a position as a swim instructor?			Yes	No		
UNIFORM INFORMATION						
Men's Swimsuit Size (circle one):	Small	Medium	Large	X-Large	XX-Large	
Women's Swimsuit Size (circle one):	Small	Medium	Large	X-Large		
T-Shirt Size (circle one):	Small	Medium	Large	X-Large	XX-Large	

SUMMER AVAILABILITY Dates you are available to work this summer: FROM: ____/___ TO: ___/___ Any dates (vacation, college orientation or other) you are NOT available to work this summer: **EDUCATION** Grade in September: 9th 10th 11th 12th College: Freshman Sophomore Junior Senior High School Attended: Graduation Year: College (if applicable): _____ Graduation Year: _____ Graduate Study (if applicable):______ Graduation Year: _____ Lifeguard/ Supervisor Experience (please be specific as to location, type of experience and years): Other Certifications/Awards/Hobbies (Interests): References, please include name, phone number and your relationship. Please list 3. (No family references, please.)

RETURN COMPLETED FORM TO:

South Orange Department of Recreation & Cultural Affairs
5 Mead Street
South Orange, NJ 07079