

LAVALLETTE BEACH PATROL

2009 Lifeguard Information Form

Last Name	First Name	MI	Gender [] M [] F	Date of Birth _____
Summer Street Address		City	State ZIP	Age _____
Permanent Street Address		City	State ZIP	
Summer Phone Number	Permanent Phone Number	Social Security Number		
College Phone Number	Cell Phone Number	E-Mail Address		
First Date Available for Work	Last Date Available for Work	Other Dates Unavailable (if any)		
High School	Graduated? [] Y [] N		Graduation Year	
College	Graduation Date:			

Height -	Weight -	Vision
CPR Certification? <input type="radio"/> Y <input type="radio"/> N Expires:	First Aid Certification?? <input type="radio"/> Y <input type="radio"/> N Expires:	Lifeguard Certification? <input type="radio"/> Y <input type="radio"/> N Expires:
Ocean Experience? Position: _____	Date(s) Worked Year(s) Worked: _____	Patrol: _____
		SCUBA CERTIFICATION ? <input type="radio"/> Y <input type="radio"/> N Type

***Other certifications and previous lifeguarding experience. List dates and locations. Continue on back if necessary.

Name of Emergency Contact #1	Name of Emergency Contact #2
Relationship	Relationship
Phone Numbers (day/evening)	Phone Numbers (day/evening)
Street Address	Street Address
City State ZIP	City State ZIP

1. Do you have a history of medical problems which would prohibit you from performing duties of the job for which you are applying? [] Y [] N

2. Have you ever been convicted of a crime? [] Y [] N

3. Have you ever been discharged from a position? [] Y [] N

If you answered "yes" to questions 1, 2, or 3, please explain on the back of the page. Also, if you have a history of learning disabilities, you should notify the beach patrol supervisor so accommodations can be made.

I state that the above information is true and correct to the best of my knowledge.

Signature of Guard	Date
Signature of Parent or Guardian (for minors only)	Date

Phone
(732) 793 -2566

Email