

# Lake Wallkill Community , Inc.

## Application For Life Guard

Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Lake Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail \_\_\_\_\_  
Lake Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

You need the following Certifications to work:

Life Saving                      Yes \_\_\_ No \_\_\_ Expiration \_\_\_\_\_

CPR                                      Yes \_\_\_ No \_\_\_ Expiration \_\_\_\_\_

Waterfront Training    Yes \_\_\_ No \_\_\_ Expiration \_\_\_\_\_

If any answered No, will you certify prior to 6/30/2017? \_\_\_\_\_

I am interested in : Full Time \_\_\_ Part Time \_\_\_ Either \_\_\_\_\_

Previous Experience:

\_\_\_\_\_  
\_\_\_\_\_

Availability:

I can begin work: \_\_\_\_\_

I return to school or must stop work by: \_\_\_\_\_

I have reviewed the job description and can meet the requirements  
of the position: Yes \_\_\_ Cannot meet: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_