

# Town of Washington Lifeguard Position Application

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

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

Email Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ \*\* (Paid staff must be 15 by first day of the season)

School Attending: \_\_\_\_\_ Grade Entering in Sept. \_\_\_\_\_

Current Lifeguard Certification: \_\_\_\_\_

Expiration: \_\_\_\_\_

Lifeguard work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule/ Availability- Please list any days or time restrictions you are unable to work:

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION DEADLINE IS MAY 1**