Treehaven Swim Club
Lifeguard Application

*Full Name: _____

*Address: _____

*Cell Phone: _____Email: _____

*Home Phone: _____ Birth Date: _____

*Emergency Contact Name/Phone: _____

*Social Security #: _____

*Education (Years Completed): High School _____ College _____

*List Certifications - Courses & Dates (*Enclose a copy of all cards, all cards will be required before you are put on the schedule for work)

_____
_____
_____
_____
_____

*3 References: (Please include Names, Addresses, & Telephone Numbers)

_____

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*Once filled out, submit by:

- *Email .pdf or .doc to treehavenswimclub@gmail.com with Lifeguard Application in the subject*
- *Give to a board member*
- *Mail to address below:*

Treehaven Swim Club
ATTN: LIFEGUARD APPLICATION
P.O. Box 1133, Aliquippa, PA 15001