Treehaven Swim Club 2021 Lifeguard Application

*Full Name:			
*Address:			
*Cell Phone: _		Email:	
*Home Phone	:	Birth Date:	
*Emergency C	ontact Name/Phone:		
*Social Securit	ry #:		
*Education (Ye	ears Completed): High School	College	
Previously wo	rked at Treehaven or another pool? Plea	ase list where	
How many Sea	asons have you worked as a lifeguard? _	What year did you start	?
You will be add	ded to Remind applications for commun	nications, are you ok with this? Y/N	
You will get a :	1099 for tax purposes, please note that	you are ok with this: Y/N	
*If you are und	der 18, your parents are required to sigr	n application below and attend initial meeting	with you.
	ions - Courses & Dates (<u>Enclose a copy conclubstaff@gmail.com</u> or the mailing ad	of all cards and certifications or email to ddress below.	
All cards will b schedule – NO	, ,	the lifeguard room if you are hired before you	are put on the
*3 References	: (Please include Names, Addresses, & T	elephone Numbers)	
If under 18:	Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Mailing Address: Kirsten Gregory

ATTN: LIFEGUARD APPLICATION

2601 Kane Road, Aliquippa, PA 15001 OR Email Address: treehavenstaff@gmail.com

^{*}Once you have completed Job Application please send this and the 1099 form to: