

Sherwood Forest HOA

Seasonal Pool house Attendant Application

Summer 2026

Position Type: Temporary Seasonal Stipend-Based Assignment

Compensation: \$75 per assigned week

Term: Pool Season (Approx. April–September 2026)

Applicant Information

Full Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth (required to verify minor status for work permit/parental consent):

If under 18, Age: _____

Note: Applicants aged 14–15 **must** provide a valid work permit as required by Georgia law.

Availability

Are you available to perform light pool house and pool-area duties daily during your assigned week?

Yes

No

Are you available for the majority of the pool season?

Yes

No

Please list any known dates you are unavailable:

Acknowledgment of Duties

By initialing below, I acknowledge that this assignment includes the following responsibilities during my assigned week:

- ___ Straighten and wipe down chairs and tables
- ___ Sweep & Mop pavilion and entryway
- ___ Knock down cobwebs
- ___ Empty trash bins (pool and bathroom area)
- ___ Refill toilet paper/paper towels as needed
- ___ Clean toilets, urinals, bathroom floors and sinks
- ___ Take Trash cans to road Tuesday evening, back on Wednesday
- ___ Report any maintenance or safety concerns to designated Board contact

I understand:

- A separate contractor handles pool chemicals, mechanical systems, and major cleaning.
 - I am not a lifeguard.
 - I am not responsible for supervising swimmers.
 - I am not responsible for hazardous chemical handling and cleaning supplies will be supplied.
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Agreement to Terms

I understand:

- Compensation is \$75 per assigned week.
- Payment is contingent upon satisfactory completion of assigned duties.
- This is a temporary seasonal assignment only.
- Selection is based on availability and operational needs.
- The Board may discontinue participation if duties are not performed.
- If my total compensation for the season exceeds (\$600) the IRS reporting threshold, I will be issued a Form 1099 and am required to provide my Social Security Number (or Tax ID).

Applicant Signature: _____

Date: _____

Parent/Guardian Consent (If Under 18)

I, _____, consent to my child's participation in this seasonal assignment.

Parent/Guardian Signature: _____

Phone: _____

Date: _____

Internal Board Use Only

Date Received: _____

Selected

Not Selected

Notes (Operational Criteria Only):
