

TOWN OF SOUTH BETHANY
Lifeguard Application 2008

NAME: _____ S.S. #: _____
D.O.B: _____

ADDRESS:

Home: _____
_____ Phone #: _____

Summer: _____
_____ Phone #: _____

College: _____
_____ Phone #: _____

EXPERIENCE:

Pool: _____ Ocean: _____

QUALIFICATIONS/TRAINING:

Red Cross Courses Passed: (*required for employment – must be submitted with application)

First Aid: _____ C.P.R.: _____ Water Safety Instructor: _____

Lifeguarding*: _____ (Certification Expires: _____)

REMARKS: Please write a brief paragraph as to why you should be employed as a South Bethany Lifeguard (only if you are a new guard):

Return Application To: Town of South Bethany
402 Evergreen Road
South Bethany, DE 19930