

Kipps Run Swim Club

Lifeguard Application

Name: _____ Date: _____

Address: _____

Phone (Home): _____ (Cell): _____

Age: _____ Birth Date: _____

Position desired (Manager, Assistant Manager, 1st Year Guard, 2nd Year Guard, 3rd Year Guard): _____

Previous work experience: _____

Emergency contact person/number: _____

Reference: _____

Is this person aware that their name has been used and that they may be called? _____

Photos of all certifications from American Red Cross are to be included.

Be prepared to submit social security number if hired.

Working papers are required for all persons that have not graduated. They must be submitted with the social security number to the pool treasurer.

Please return completed application to: Kipps Run Swim Club
PO Box 424
Riverside, PA 17868

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