



## 2024 Lifeguard Application

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: (Name, Address, Phone Number, Relationship) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School attending in the Fall and date classes begin: \_\_\_\_\_

(APPLICANT MUST BE AT LEAST 16 YEARS OLD)

**Submit with Application:**

- |   |  |
|---|--|
| 1. Copy of First Aid Certification (if available) | 3. Copy of EMT Certification (if available)  |
| 2. Copy of CPR Certification (if available)       | 4. Doctor's note certifying fitness for lifeguarding<br>(Physical exam required must be in calendar year of application) |

Schedule:

9:00 AM to 5:00 PM Monday- Friday

10:00 AM to 5:00 PM Saturday- Sunday

**Please Circle the step you are one**

**Step 1      Step 2      Step 3      Step 4      Step 5      Step 6      Other**

EMT Training: Additional \$0.75 Hourly.

Bonus: Work through August 28 (min of 50<sup>th</sup> working days) - \$100.00

Work through Labor Day, Sept. 5<sup>th</sup> (min of 58 working days) - \$150.00

All Beach Haven Lifeguards will be responsible for bringing and maintaining a personal pair of swim fins to work every day. Three recommended brands of fins are Da-Fins, Churchill and Voit Duckfeet.

Email APPLICATIONS TO:

[jkline@beachhaven-nj.gov](mailto:jkline@beachhaven-nj.gov)

&

[beachpatrol@beachhaven-nj.gov](mailto:beachpatrol@beachhaven-nj.gov)

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

If under 18 years of age, parent or guardian's signature