

# West Harbour Pool Lifeguard Application:

Date \_\_\_\_\_

Name \_\_\_\_\_

## Contact Information:

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

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Please list the hours you are available to work (Keep in mind you will be required to be at the pool by 9am to prepare for an opening time of 10am. Closing will be 9pm, however, closing procedures must be completed prior to leaving the pool)

Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

Do you need any time off for family vacations, summer classes, or sports activities? Yes \_\_\_ No \_\_\_

If yes, please list here:

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Please list any past experience:

\_\_\_\_\_

Please check Certifications and list the date of expiration:

CPR/First Aid \_\_\_\_\_

Lifeguard \_\_\_\_\_

Any other Certifications \_\_\_\_\_

Date you can start: \_\_\_\_\_

Last day you can work: \_\_\_\_\_

Please mail application to:

West Harbour Property Owners Association

PO Box 715

Noblesville, IN 46061