



Vulcan Pool Application 2021 Season

1. Personal Details

Last name:	First name (s):
Date of Birth	Address:
Home phone:	Cell phone:
Email address:	
Residency: <input type="checkbox"/> Town of Vulcan <input type="checkbox"/> Champion <input type="checkbox"/> Carmangay <input type="checkbox"/> Milo <input type="checkbox"/> Lomond <input type="checkbox"/> Other: _____	
Emergency Contact	
Emergency Contact:	Relationship:
Contact Phone:	Contact Phone:

2. Availability

Position applying for: <input type="checkbox"/> Head Guard <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Water Attendant <input type="checkbox"/> General Staff
You must be available for the entire season, including pre-season in-services <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either one
Medical Condition(s):

3. Lifeguard Qualifications

REQUIRED CERTIFICATION Do you hold a current NL certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: Do you hold a current First Aid/CPR Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: Do you hold a current WSI certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: Other: _____ Expiry Date: What Certification are you in the process of obtaining?
What other current lifeguarding certifications do you hold? <input type="checkbox"/> LSI Exp: _____ <input type="checkbox"/> CALA Exp: _____ <input type="checkbox"/> Other Exp: _____
Copies of all certificates must be attached to this form. Please attach copy of Red Cross and/or Lifesaving Society Find a Member printout.

4. Fitness

Do not complete. This section will be completed by the Pool Supervisor at “Lifeguard Tryouts.” It is listed here for your information.

25 m head up swim: Complete/Incomplete min sec

Dive for 20 lb brick: Complete/Incomplete

Shoulder carry/PIA carry: Complete/Incomplete

Demonstrate spinal rescue: Complete/Incomplete

5. Previous Employment

Have you worked as a lifeguard for the Town of Vulcan before? Yes/No
Dates:

Please give your employment history starting with the most recent position. Please account for any breaks in your employment, i.e. studying, travelling. Returning lifeguards account for employment since last season worked.

Employer/Organization	From	To	Details

6. References

NEW LIFEGUARDS Please provide 2 references. At least one should be a work reference.	PREVIOUS LIFEGUARDS If you worked for us last season we do not require that you re-submit this information.
Reference: Company/Organization: Address: Position/Relationship: Phone: Email:	Reference: Company/Organization: Address: Position/Relationship: Phone: Email:

7. Experience, Knowledge, & Skills

This section is your chance to let us know why you are the right person for a job as a lifeguard/cashier. Your statement should include examples that clearly demonstrate your skills and abilities to undertake this job, and list any relevant experience. Examples can relate to work/life experiences, personal achievements, training, volunteer work and/or interests.

8. Staff Agreement

Please read and sign below.

This agreement is between (print your name) _____ and the Town of Vulcan.

Staff at the Town of Vulcan Swimming Pool are expected to:

- Maintain the safety of all patrons in and around the Pool.
- Represent the Town of Vulcan by maintaining professionalism at all times.
- Communicate and enforce all Town of Vulcan Swimming Pool regulations and pool rules in a reasonable and professional manner.
- Communicate any potentially dangerous elements of the facility to the Pool Supervisor.
- Find a substitute if you are not able to work your shift.
- Attend all scheduled staff meetings.
- Participate in and help facilitate staff training.
- Complete and sign off on tasks on daily checklists during off-deck time.
- Handle all incidents in a manner appropriate to your training. Recommend that all injured patrons seek professional medical attention. Complete incident/accident reports.
- Be aware of pool scheduling and programming to educate public.
- Perform other duties as assigned.

By signing this contract you agree to perform all these duties during your assigned shifts or when you have agreed to substitute for another member of the staff.

I agree that misrepresentation of the facts on this application shall be sufficient cause for my dismissal

I confirm that all information in this application is correct.

Signature

Date