

Coharie Country Club Lifeguard Application

Name _____	Age _____	School _____	Grade _____
Address _____			
Phone _____	Cell _____	E-Mail _____	

Parent Information:	
Mother _____	Father _____
Phone _____	Phone _____
Work _____	Work _____
Cell _____	Cell _____
E-Mail _____	E-Mail _____

Are you a Coharie Club Member? Yes _____ No _____

My lifeguard certification is complete: Yes _____ No _____

If no, list the date when your certification will be finalized _____

I obtained my certification at _____ under the leadership

Of _____. Number where this person can be reached: _____

List dates you are NOT available to work as a lifeguard:

May: _____

June: _____

July: _____

August: _____

Date you return to school: _____

Would you be able to work weekdays at 4:00 after school starts? Yes _____ No _____

Would you be able to work weekends after school starts? Yes_____ No_____

Please attach the following with this application:

- 1. Letter of recommendation (teacher, community leader) describing your work ethic.
This letter is not necessary if you were a lifeguard at the Coharie pool last summer.**
- 2. Copy of your lifeguard/CPR certification**