

# City of Byron Summer Swimming Program Application Supplement

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position Desired: \_\_\_ Lifeguard \_\_\_ Instructor \_\_\_ Front Desk \_\_\_ Manager

Are you over 16? \_\_\_\_\_ Are you over 18? \_\_\_\_\_

What would be the least number of hours you would work? \_\_\_\_\_

What would be the maximum number of hours you would work? \_\_\_\_\_

When could you begin working? \_\_\_\_\_

When would you need to end working? \_\_\_\_\_

Please explain any vacation, camp or trip that will result in an absence of work this summer. Estimate the dates that are involved:

## Lifeguard / WSI Applicants:

List the expiration date, type of certificate (Red Cross, American Heart, Lifeguard Training, Basic Lifeguarding, YMCA, etc) location of training and name of instructor for the following required certificates.

Expiration Date Type Location Instructor

First Aid \_\_\_\_\_

C.P.R. \_\_\_\_\_

Lifeguard \_\_\_\_\_

W.S.I. Cert. \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CERTIFICATES!!!**