CAL POLY HUMBOLDT Department of Kinesiology Recreation Administration Lifeguard Application

Name:					
Local Address (car	n not be an on-campus address):				
Phone:					
E-mail:					
<u>Credentials:</u> (Photocopy and attach)		Date		Agency	
	CPR Professional Rescuer				
	Lifeguard				
	First Aid (and/or Chapter 22)				
	WSI (not required for position)				
Job Experience:					
Dates of Employment	Employer	City, State	Responsibilities	Phone #	May we contact?
1					Y/N
2					Y/N
3					Y/N
4					Y/N

Which days of the week are you ABLE TO WORK?

(Place an "X" in the box on the days and times you are <u>ABLE</u> to work):

	7am-9am	9am-11am	11am-1pm	1pm-3pm	3pm-5pm	5pm-7pm	7pm-11pm	
Monday								
Tuesday								
Wednesday								
Thursday Friday								
Saturday								
Sunday								
When would you be able to start? Have you worked for the Intramural program in the past? Y N								
If so, what typ	oe of work?							
Are you enrol	lled in 6 or m	ore units?		Υ	N			
How many ho	ours a week a	re you able to	o work?			_		
Do you have work-study funds available? Y N			N	If so, what i	s your allocat			
Signature:						_Date:		