

CAL POLY HUMBOLDT  
 Department of Kinesiology Recreation Administration  
 Lifeguard Application

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

Local Address (can not be an on-campus address): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Credentials: (Photocopy and attach)

	Date	Agency
<b>CPR Professional Rescuer</b>		
<b>Lifeguard</b>		
<b>First Aid (and/or Chapter 22)</b>		
<b>WSI (not required for position)</b>		

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

