

Ricky Taylor Memorial Community Swimming Pool

2022 Lifeguard Application

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

School: _____

Parents Name: _____

Phone Number: _____

Lifeguard Certification: Yes _____ No _____ Expiration Date: _____

CPR Certification: Yes _____ No _____ Expiration Date: _____

Available Start Date: _____ Number of Weekly Hours Requested: _____

Scheduling Conflicts or other available times to work _____

The above information is correct to the best of my knowledge.

Applicants Signature: _____ Date: _____

Parents Signature: _____ Date: _____

- I understand that by applying for and accepting a job as a lifeguard at the Ricky Taylor Memorial Swimming Pool:
- I am agreeing to perform a job that includes protection of lives and safety of both the children and adults that come to enjoy the pool. I understand that when I am on duty, I will be responsible for supervising swimmer, minimizing dangers, education facility users about safety, enforcing rules and regulations, providing assistance and if necessary, performing rescues. I understand the importance of my duties as a Certified Lifeguard to protect and save lives.
- I also understand that my job will include keeping facilities clean at all times. Including taking out trash, cleaning bathrooms. It may also include mandatory pool cleanup.
- I also understand that by accepting the job, I am committing to it for the full pool season, which runs from Memorial Day weekend through Labor Day and includes a pool closing work day.
- I understand that the Ricky Taylor Memorial Community Swimming Pool is a drug free facility and agree to be drug tested if asked at any time by management or pool committee.

Signed _____ Date _____

Parent's Signature (under 18) _____ Date _____

Signature of Pool Manager _____ Date _____

Please send all applications to the following address:

Deltaville Community Association/DCA Pool
P.O. Box 211
Deltaville, VA. 23043