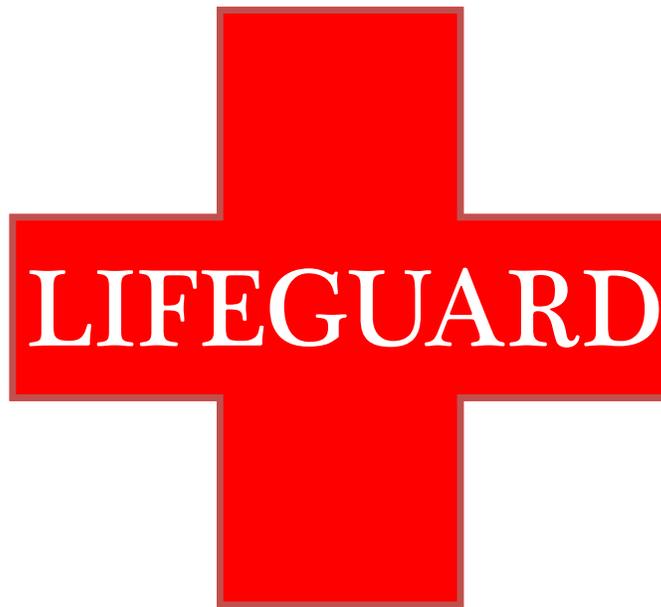


Campbell Recreation



Junior Lifeguard

APPLICATION PACKET

SUMMER 2016

The Junior Lifeguard Program provides youth with lifesaving training, leadership skills, experience using lifeguard equipment, and First Aid and CPR knowledge. Trainees will also experience improved fitness and endurance, challenging both the body and mind. Trainees will work alongside aquatic staff to assist during lifeguard and swim lesson programming.





City of Campbell Junior Lifeguard Application Summer 2016

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Preferred Phone Number: _____ Home Phone Number: _____

Email Address _____

School: _____ Grade in Fall 2016: _____

Date of Birth: ___ / ___ / ___ T-shirt Size: _____

Aquatic Program Details

Junior Lifeguard Training

Monday thru Thursday

9:30 am to 10:15 am

June 13, 2016– June 30, 2016

Junior Lifeguard Job Shadow

Monday thru Thursday

Shifts between 10:30am– 5:00pm

July 5, 2016– August 11, 2016

*Exact schedules will be determined by aquatic staff

Location: Campbell Community Center Pool

Ages: 12–14 year olds

No cost!

The program begins with a three-week Junior Lifeguard Training and continues with job shadowing throughout the remaining summer weeks. Junior Lifeguard is held at the Campbell Community Center Pool. Candidates will be chosen based on an application screening, an interview process and a water skills assessment. Once admitted, the program is free. While the program is a great work experience opportunity, it does not guarantee future employment with the City of Campbell.

CITY OF CAMPBELL JUNIOR LIFEGUARD APPLICATION—SUPPLEMENTAL FORM

Please complete the following questions about yourself in the space provided below. Your answers will help the aquatic team when they meet you, and when preparing for training and placement during the summer.

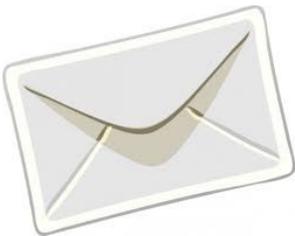
1. Why do you want to be a Junior Lifeguard with the City of Campbell Recreation & Community Services Department? _____

2. What experiences have you had that would make you a good candidate for the junior lifeguard program?

3. What role do you take in a group (school, church, extracurricular, etc.)? For example, are you a leader? Or do you follow directions well? Or are you detail oriented?

4. What skills do you have that would be especially helpful while in a pool environment?

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LETTER OF RECOMMENDATION REQUIREMENT

Junior Lifeguard applicants must submit a letter of recommendation with their application. This letter can be prepared by a teacher, coach, church advisor, or someone who knows you well. Letters of recommendation cannot be from a family member. This letter should be no more than 1 page typed. Please ask that the letter be sealed in an envelope to submit with your application paperwork.

CITY OF CAMPBELL VOLUNTEER REGISTRATION

The City of Campbell requires that all volunteers be registered, oriented, supervised and participate in any training required by their chosen volunteer job. All registered volunteers are covered by the City’s Workers’ Compensation Insurance while on volunteer assignment or participating in training directly connected with such duty. The following information will be on file in the Volunteer Office.

VOLUNTEER’S NAME: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO VOLUNTEER: _____

Phone (____) _____

Known allergies: _____

Please list any medications the volunteer will be taking during program participation: _____

PARTICIPATION AGREEMENT:

In return for orientation, training, supervision and evaluation of my volunteer efforts, I agree to:

_____ take my volunteer commitment seriously and work in a professional manner;

_____ keep my agreed upon schedule, which includes: being on time, notifying my project supervisor in case of illness, delay, unavoidable absence or the need to discontinue my assignment before its completion;

_____ respect the confidentiality of all materials with which I come into contact.

Signature: _____ Date: _____

TO BE COMPLETED BY A PARENT/GUARDIAN :

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes the Campbell Recreation Aquatic Specialist or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of Parent/Guardian

Date

APPLICATION CHECKLIST:

- ___ Completed application
- ___ Your signature
- ___ Parent/guardian signature
- ___ Supplemental questions
- ___ Letter of recommendation (non-family member)

WHAT’S NEXT?

1. Monday, May 9, 2016 by 5:00 pm– applications due
Campbell Community Center at
1 West Campbell Ave., #C-31
Campbell, CA 95008
2. Week of May 23, 2016– Interviews will be held