

West Midland Family Center Junior Lifeguard Application

Applicants Name:				
Parents Names:				
Address:				
City, State, Zip:				
City, State, Zip: Phone Number:	Cell	Phone Number:_		RI
Email Address:				
Grade Completed:	Age:	School:		
Birth Date:				
Why do you want to part	icipate in the Juni	ior Lifeguard Prog	gram?	
Do you consider yourself	a leader, and why	7?		
What experiences have yo	u had working wi	ith children? (Wh	at ages?)	
Why should children look	up to you and wi	hat kind of role m	odel do you consi	ider yourself to be?
Do you prefer to spend tin	me with children c	one on one, or in a	ı small group?	
Who do you consider to b	e your best role m	odel in your life a	nd why?	
7. Are there any days,	dates, times, week	s, that you are no	t available to att	end the program?
8. Are you willing to co	ommit to 100% p	participation in al.	l Junior Lifeguard	d activities?
***Please return to Chelswill be notified if they are				y 15th of the current year. Applicants
Junior Lifeguard applicar	nts must be at leas	st 13 years old by	the start of the p	rogram.