

Wartburg-Waverly Sports and Wellness Center



Lifeguard/WSI/LGI Application

Today's Date: _____

Name: _____
Last First Middle

Cell Phone: _____ Campus Mailbox#: _____

Home Address: _____
Street City State Zip code

E-mail: _____

Birth Date: _____

Major(s): _____ Minor(s): _____

Year in College: _____ Student ID #: _____

High School & graduation year: _____

If under 18, parent/guardian name(s): _____

Parent/guardian(s) cell number(s): _____

Position/Certification/Experience:

Lifeguard/CPR/First Aid: _____

WSI/Swim Instructor: _____

CPR/LG Instructor (LGI): _____

****All certifications held must be submitted with application.
Applications will not be accepted unless all certifications are attached.***

Previous employment experience.

Employer	Position	Dates
1. _____		
2. _____		
3. _____		

List three personal or work references.

Name	Address	Phone #
1. _____		
2. _____		
3. _____		

***List any additional jobs/activities you are involved in** (exp. band, chorus, athletic team, student organizations & provide start/end dates):

1.12.18

