

# **2022 Season Application**

# **General Information**

Name:	Cell #:
Address:	Email:
City, State, Zip:	DOB:
Are you a member of Madrona Swim C	lub?
Positions Applying For (check all that ap	oply)
* * All lifeguards and swim instructor	s must be lifeguard certified * *
Pool Manager	
Lifeguard	
Swim Lesson Instructor	
Swim Team Coach	
<b>Emergency Contact Information</b>	
Name:	Cell #:
Relationship:	Work #:
<b><u>References</u></b> Please list two references not related to yo ethic (i.e. teachers, coaches, previous emp Name:	u that are familiar with your character and work ployers) Name:
Phone:	Phone:
Relationship:	Relationship:
<u>Work Experience</u>	
Company:	Position:
Start Date:	End Date:
Company:	Position:
Start Date:	End Date:
What age groups do you have experien (i.e. babysitting, volunteering, work	

3-5 6-8 9-11

Lifeguard Availability	Swim Lesson Availability
	Only select sessions you can commit fully to
Beginning of Summer (choose one)   I am available BEFORE summer break   5/27-6/16 afternoons and evenings   I am only available AFTER school is out   End of Summer(choose one)   I am only available UNTIL school starts   I am available AFTER school starts   9/6-9/16 afternoons and evenings	Time off will NOT be granted during lesson sessions   Session 1 20 Jun - 30 Jun   Session 2 05 July - 14 July   Session 3 18 July - 28 July   Session 4 01 Aug - 11 Aug   Session 5 15 Aug - 25 Aug

#### <u>Time off request</u>

Please list any known vacation dates you would like to be considered. These dates are not guaranteed until staffing is finalized. If hired, you will still need to fill out a time request form to be approved.

## Parent/Guardian signature for time off requests (minors only)

I have reviewed my child's requested time off dates and their commitment to work the above lesson schedules. *I understand that time off will not be granted for lesson sessions for which they are hired*.

rareni, guardian Signature.	lian signature:	Parent/guardian
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	Certifications	
Please include copies of each certification		
Lifeguard	CPR	
Certifying agency:	Certifying agency:	
Completion Date:	Completion Date:	
Expiration Date:	Expiration Date:	
First Aid	Other	
Certifying agency:	Certifying agency:	
Completion Date:	Completion Date:	
Expiration Date:	Expiration Date:	

\*\*If you have not completed any of the above certificates, please list any classes you are signed up for and the anticipated completion date:\*\*





## **Acknowledgements** Please read carefully and initial at the bottom

- \* I acknowledge that my employment with Madrona Swim Club will be 'at-will' and that either Madrona Swim Club or I reserve the right to terminate employment at any time, with or without cause.
- \* I understand that Madrona Swim Club is open 7 days a week including holidays. I agree to work my scheduled hours, including those that fall on holidays, once the schedule is posted unless a time off request or prior shift replacement has been approved by the Manager in writing.
- \* I authorize Madrona Swim Club to contact previous employers regarding my previous employment. I also authorize Madrona Swim Club to release information regarding my job performance to a prospective employer, unless otherwise stated.

I agree to the above acknowledgements: (initial)

**Agreement** I hereby affirm that the information I have given in this application is true and correct to the best of my knowledge.

Signature

Printed Name

Date

Completed applications :

**mail to:** PO Box 3153 Salem, OR 97302

or email to: secretary@madronaswimclub.com