

This form is to be completed by individuals applying to serve as a lifeguard for board-sanctioned programs in accordance with Regulation 1350 – Swimming (<https://sd46.bc.ca/wp-content/uploads/1350-Swimming.pdf>). It may be relied upon in the event of an emergency. It is the individual's responsibility to notify the appropriate personnel at the location(s) listed below of any changes to the information provided on this form over the period this form covers.

School(s)/Department(s) Names:

Last Name

First Name

Gender: Male Female Unknown/Prefer not to say X: Non-binary

Date of Birth (yyyy/mm/dd)

Age

Street Address

City/Town

Prov

Postal Code

Day Phone No.

Evening Phone No.

Cell

E-mail

Certifications and Qualifications

Please check and provide details for all that apply:

National Lifeguard Certification (NLS)

Pool Waterfront Surf

Certification Number:

Expiry Date:

Bronze Medallion/Bronze Cross (*At no time are Lifeguards holding only a Bronze Medallion/Bronze Cross acceptable as a Primary Lifeguard. They can work under the supervision of the NL guard only.*)

Certification Number:

Expiry Date:

Standard First Aid

Certification Number:

Expiry Date:

CPR-Level C Basic Rescuer (or higher) (*may be completed either as a standalone course or as part of Standard First Aid certification*)

Certification Number:

Expiry Date:

Other Relevant Certifications:

Issuing Organization(s) (*List all that apply*):

EXPERIENCE

Lifeguarding Experience (locations, dates, roles):

Experience supervising aquatic activities with youth:

AVAILABILITY

List dates and times available:

Emergency Contact

Name	Day Phone No.	Evening Phone No.	Cell
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Acknowledgements and Consents

I acknowledge and agree that:

1. I have read and understand School District No. 46 Regulation 1350 – Swimming.
2. I meet the required qualifications and will maintain valid certifications, including a **Criminal Record Check**, for the duration of my service.
3. I will follow all district/school codes of conduct, safety procedures, supervision requirements, and emergency protocols as outlined by the School District and supervising staff.
4. I will work under the direction of the supervising teacher and/or school administrator at all times.
5. I consent to the School District verifying my certifications and qualifications.
6. I undertake to maintain, at all times, appropriate **personal liability insurance**.
7. I understand that failure to comply with district policies and safety standards may result in removal from lifeguarding duties.
8. I understand that I must provide a WCB clearance letter and Social Insurance Number with my invoicing as a service provider.
9. I understand that the Lifeguard Service Provider Application Form applies only to the school year in which it is submitted and must be renewed for each new school year.
10. I acknowledge that the principal/supervisor or designate has the right to refuse this application. I further understand that the principal/supervisor or designate reserves the right to withdraw approval of this authorization at any time, and that any significant changes to this form or related district requirements may require resubmission of this application.

I understand, acknowledge and consent to the above as described herein.

Date (yyyy/mm/dd)	Name (Please print)	Signature
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Parent/Guardian consent (if under 18 years of age)

FOR OFFICE USE ONLY: PRINCIPAL / SITE ADMINISTRATOR APPROVAL

The above-named lifeguard applicant is authorized to assist the school for the duration of this school year.

Name of Principal/Supervisor (please print)	Date (yyyy/mm/dd)	Signature
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Personal information contained on this form is collected under the authority of the School Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.