Glebe Harbor-Cabin Point Association, Inc.
751 Glebe Harbor Drive
Montross, VA 22520
804-472-3646

GHCP Lifeguard Application 2024

Applicant:

Full Name: _____ D.O.B. __/___/__
Last First M.I.

Address: _____

_____
City State Zip Code

Phone: _____ Email: _____

Date Available: _____

Certifications: Expiration Date:

Life Guard _____ _____

CPR: _____ _____

AED: _____ _____

First Aide _____ _____

Experience:

Do You Have Previous Lifeguard Experience? _____
Have you worked with children? _____

Company: _____ Phone: _____

Address:
_____

Job Title:
_____

Responsibilities: _____

_____

From: _____ To_____

Company: _____ Phone: _____

Address:

_____

Job Title:

_____

Responsibilities: _____

_____

From: _____ To_____

Please attach 3 References.

Please attach Resume.

Any Additional Information: _____

_____

_____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:_____Date: _____