BOROUGH OF AVALON
BEACH PATROL APPLICATION

NAME: _____
Last First Middle

SOCIAL SECURITY #: _____

If you are under the age of 18 years, please provide your date of birth: _____
If offered employment, date you will be available for work: _____
Date you expect to leave at the end of the season: _____

HOME ADDRESS: _____
_____

HOME TELEPHONE NUMBER: _____

SHORE ADDRESS: _____
_____

SHORE TELEPHONE NUMBER: _____

COLLEGE OR HIGH SCHOOL: _____

ACTIVITIES/SPORTS PARTICIPATED IN: _____
High School: _____
_____
_____
College: _____
_____
_____

QUALIFICATIONS: _____
_____
_____

NOTICE: All applicants under the age of 18 must provide the borough with a fully completed Employment Certificate (working papers) on the form required by the **State of New Jersey prior** to taking the lifeguard test or starting employment. There will be **no** exceptions.

All new applicants for employment and returning guards must provide, at their own expense, a medical certification from a licensed physician stating they are capable of safely performing our lifeguard test and working as a lifeguard, before taking the test, or starting employment.

Please complete this form and return to me by May 1st. Thank you for your interest in our organization.

G. Murray Wolf, Captain-Avalon Beach Patrol
3100 Dune Drive
Avalon, NJ 08202