

**AVALON BEACH PATROL  
BEACH TAG INSPECTOR APPLICATION**

NAME: \_\_\_\_\_

*Last*

*First*

*Middle*

NEW APPLICANT    or    RETURNING BEACH TAG INSPECTOR    (please circle one)

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

If offered employment, date you will be available to work: \_\_\_\_\_

Date you expect to leave at the end of the summer: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SHORE ADDRESS: \_\_\_\_\_

CELLPHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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 beach tag inspectors 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 an ocean lifeguard, before taking the test, or starting employment.

G. Murray Wolf, Captain- Avalon Beach Patrol

3100 Dune Drive, Avalon, New Jersey 08202

**AVALON BEACH PATROL**  
**BEACH TAG INSPECTOR APPLICATION**

**Beach Tag Inspector Emergency Contact Information**

**Name of Beach Tag Inspector:** \_\_\_\_\_

**Name of First Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Cell Number of First Emergency Contact:** (      ) \_\_\_\_\_

**Alternate Phone Number of First Emergency Contact:**

(      ) \_\_\_\_\_

**Name of Second Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Cell Number of Second Emergency Contact:** (      ) \_\_\_\_\_

**Alternate Phone Number of First Emergency Contact:**

(      ) \_\_\_\_\_

**Name of Third Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Cell Number of Third Emergency Contact:** (      ) \_\_\_\_\_

**Alternate Phone Number of First Emergency Contact:**

(      ) \_\_\_\_\_

***Please complete this form and return it to me by May 1<sup>st</sup>. Returning guards that do not send this form in by May 1<sup>st</sup> will be considered NOT returning. Thank you for your interest in our organization.***

G. Murray Wolf, Captain- Avalon Beach Patrol

3100 Dune Drive, Avalon, New Jersey 08202