VIRGINIA BEACH LIFESAVING SERVICE

1804 Arctic Ave. Virginia Beach, VA 23451
757-428-1546 - www.vbls.org - (email) vbls@yahoo.com

The Virginia Beach Lifesaving Service is an equal opportunity employer.

LAST NAME	FIRST NAME	MI	DOB-MONTH-DAY-YEAR	AGE

ADDRESS-STREET	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL

PARENT/GUARDIAN NAME	HOME PHONE	WORK PHONE	CELL PHONE

CURRENT SCHOOL (or OCCUPATION)	YEAR (or POSITION)

REFERENCE 1	JOB TITLE	RELATIONSHIP TO APPLICANT	PHONE #

Have you ever been charged by any Law Enforcement Agency? YES____ NO____ Explain on the back.

Are you a US Citizen? YES_____ NO_____ If NO, what is your Nationality?_____

Do you have any medical conditions that may limit your ability to perform lifeguard duties? YES_____ NO_____

If yes, please explain._____

Please list any medications taken regularly._____

Have you worked as a lifeguard in the past? YES_____ NO_____If yes, where?_____

WAIVER AND RELEASE

WHEREAS, the undersigned hereinafter "Applicant," is interested in qualifying for a position as lifeguard; and
WHEREAS Virginia Beach Lifesaving Service, Inc., hereinafter "VBLS," is a privately held corporation which is a franchisee to the City of Virginia Beach; and
WHEREAS, VBLS is a certified agency of Emergency Medical Services;
THEREFORE, the undersigned voluntarily and without coercion, upon receipt of good and valuable consideration, receipt of which is hereby acknowledged, hereby waive all claims for damages or loss to my person and property, which may be caused by an act, or failure to act by VBLS, its officers, agents, or employees. I assume the risk of all dangerous conditions in and about the beach and surf and waive any and all special notice of the existence of such conditions. I also understand that I will be subject to random and reasonable suspicion testing for drugs or intoxicating substances upon request by VBLS or the City of Virginia Beach. I agree that any images taken of me on duty may be used for promotional materials and if hired I will be required to join the the Virginia Beach Lifeguard Association at the current joining fee.

I have read the waiver, I understand the terms, and I sign it voluntarily and without coercion.

Applicant Signature	**Date**

Parent/Guardian Signature (if under 18)	**Date**