

## VA BEACH LIFEGUARD PROJECT

The goal of the Lifeguard Project is to insure that every person who served as a lifeguard on the ocean front be lastingly recognized for their contribution to water safety.

NAME: \_\_\_\_\_ NICKNAME \_\_\_\_\_  
(Last) (First)

CURRENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ SCHOOL ATTENDED \_\_\_\_\_

WHAT BROUGHT YOU TO THE BEACH? \_\_\_\_\_

WHICH SUMMER SEASONS DID YOU GUARD? \_\_\_\_\_

AT WHAT STREET OR HOTEL DID YOU GUARD THE MOST? \_\_\_\_\_

WHO WERE YOUR BEST GUARD FRIENDS? \_\_\_\_\_

NAME ANY MEMBER OF YOUR FAMILY WHO ALSO WORKED AS A GUARD \_\_\_\_\_

DO YOU HAVE PHOTOGRAPHS OF YOURSELF IN UNIFORM? \_\_\_\_\_

WHAT TRAINING WAS REQUIRED WHEN YOU WORKED? \_\_\_\_\_

DID YOU MEET OR COURT YOUR SPOUSE WHILE YOU WERE LIFEGUARDING? \_\_\_\_\_

AFTER LIFEGUARDING, WHAT OCCUPATIONS HAVE YOU HELD? \_\_\_\_\_

WHAT WAS THE MOST MEMORABLE EXPERIENCE YOU HAD WHILE LIFEGUARDING? \_\_\_\_\_

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BY FILLING OUT THIS QUESTIONNAIRE I GIVE PERMISSION TO HAVE ITS CONTENT USED IN THE MEDIA FOR THE PURPOSE OF RECALLING THE HISTORY OF THE BEACH SERVICE.

THIS INFORMATION HAS BEEN SUPPLIED BY:

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(SIGNATURE)

(DATE)

IF YOU KNOW OF ANYONE WHO WORKED ON THE BEACH WHO IS NOW DECEASED, PLEASE TAKE THE TIME TO FILL OUT A FORM FOR THEM. PLEASE FEEL FREE TO TAKE EXTRA FORMS TO GIVE TO OTHERS WHO WERE LIFEGUARDS. ALL FORMS SHOULD BE RETURNED TO: VBLS, 1804 ARCTIC AVENUE, VA BEACH, 23451.