



ATLANTIC CITY BEACH PATROL

2715 Atlantic Avenue – Ste. 420A – OEM Office
Atlantic City, New Jersey 08401
Phone: (609) 347-5304
Fax: (609) 347-5294

JUNIOR LIFEGUARD PROGRAM APPLICATION (PLEASE PRINT)

Date: _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Date of Birth: _____ Age: _____ SSN: _____ - _____ - _____

Place of Birth: _____

Phone Number: _____ Email Address: _____

U.S. Citizen: _____ YES _____ NO

Parent/Guardian Name): _____

Parent/Guardian Address (if different): _____

Highest Education Level Completed: _____ School: _____

This application is complete only by satisfying the following requirements:

1. You have a social security number
2. You complete the Applicant Questionnaire
3. Your parent or guardian has given their consent signature.

The undersigned is requesting to be a candidate for employment with the 2022 Atlantic City Beach Patrol Junior Lifeguard Program and will abide by the rules and regulations of the Atlantic City Beach Patrol as a condition of candidacy and employment and does declare that all responses to this application are true and correct. If chosen for employment, I understand that I must be available and willing to attend the ACBP Program orientation and that I must satisfactorily complete all training as a precondition of my employment.

Signature

Parent/Guardian Signature

Print Name

Date