

California Surf Lifesaving Association Chapter Application Form

oposed Name of Chapter:
te of Application:
te Received:
te of Review:
te of Visitation: (Attach written report of findings from visitation)
plication Fee:
plain:
ecommendation to Board: Approve Application Disapprove Application
planation if to Disapprove:
gnature(s) of Reviewing Officers:
tion Taken by Board of Directors: Approved Application Disapproved Application
rified by: Date: Regional Secretary
Regional Secretary

Chapter Application Questionnaire

Name and title of person completing this application: Name: _____ Title: 1. Name of Agency/ Organization: 2. Mailing Addresses: Street Address: City: State / Zip Code: _____ 3. Proposed Chapter: Street Address: City: State / Zip Code: ______ 4. Phone Numbers: Emergency: (____) Business: Fax: Weather/Surf Jr. Lifeguard: E-Mail: Website: 5. Type of Organization: Lifeguard Department Administered by another Department Sector (1) Public: ☐ City ☐ County ☐ State ☐ Other: _____ Type of Department: □ Fire □ Police ☐ Harbor ☐ Recreation □ Other _____ (2) Private/Semi-Private (explain):

6.	Areas	Guard	ded and/or Pat	rolled by Ag	jency:					
		Types	s of Beaches:		□ Bay			□ Ri		
7.	Numb A.		ifeguard Empl anent:	-						
	B.	Seaso	onal:							
8.	Numb A.		Administrative lanent:							
	B.	Seasonal:								
9.	Lifeguard Requirements: A. Permanent:									
		(1)	Minimum Ag	e:						
		(2)	Vision Requi	rement:	/	_ □ Co	rrected		Jncorrected	
		(3)	Hearing Acui	ity:					· · · · · · · · · · · · · · · · · · ·	
		(4)	Medical/Phys	sical Exam F	Required?		☐ Yes] No	
			When Taken	?						
			□ Ве	efore entry e	exam 🗆	Before t	raining		Before hiring	
	B.	Seasonal:								
		(1)	Minimum Ag	e:						
		(2)	Vision Requi	rement:	/	□ Cor	rected		Jncorrected	
		(3)	Hearing Acui	ity:						
		(4)	Medical/Phys	sical Exam F	Required?		□ Yes] No	
			When Taken	?						
			□ Ве	efore entry e	exam 🗆	Before t	raining		Before hiring	
10	. Certifi	cation	Requirements	for Lifegua	rds					
	A.	Meets	s USLA Standa	ard for Adva	inced Agen	су 🗆				
	B.	Meets	s USLA Minim	um Standar	d					
	C.	Agen	cy has been C	ertified by L	JSLA		Date:			
	D.	Agen	cy Meets follow	wing standa	rds:			Б.		
		Type	of Certification	1				Requir Yes	rea <u>No</u>	
		ARC	Lifesaving							
		CPR	W.S.I.						Ц	
			Heart Associ ARC - Profe		cuer					

Type of Certification	Requ Yes	
First Aid ARC – Level: EMT		
Other:		
Scuba – Certification by:		
Other (please be specific):		
	-	
	-	
11. Please describe your organization, including the chain of comr of activities you perform on an annual basis and any other pert think is important about your service.		
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