California Surf Lifesaving Association

Junior Lifeguard of the Year Application

This Candidate will also be considered for the "Annual Bobby Award"

Please print or type all information.

Candidate:

Name: _____ Age: _____ DOB: _____/_____/_____
Name Printed Month Day Year

Address: _____
Street City State Zip Code

Phone Number: (_____)_____ Years in Junior Guard Program: ____

Agency: _____ CSLSA Chapter: _____

- **3" X 5" photo of candidate attached**
- **USLA Membership required.**
- **Applications are due by the Fall CSLSA Board of Director's Meeting.**

Submitted by:

Jr. Lifeguard Coordinator _____ Agency: _____
Name Printed

Signature: _____ Date submitted: _____

1. Qualities this candidate possesses that qualifies them for this award (example: leadership, citizenship, sportsmanship, etc.)

_____

2. Give a specific example where the candidate displayed the above qualities in an exemplary manner.

_____

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3. How has this candidate impacted or contributed to your Junior Lifeguard Program?