

**MICHAEL REAGAN JR.  
LIFEGUARD SPONSORSHIP PROGRAM  
APPLICATION**

**Personal Information:**

**Today's Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Permanent Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number (optional): \_\_\_\_\_

Bond Number: \_\_\_\_\_ Bondholder's Name: \_\_\_\_\_

**Education History:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade, Business, or Correspondence School: \_\_\_\_\_

**General Information:**

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (School related) \_\_\_\_\_

Activities (Civic) \_\_\_\_\_

Employment History \_\_\_\_\_

Lifeguard Training/CPR for the Professional Rescuer Certification Date: \_\_\_\_\_

**Note: Certification Card Copies Must be Attached to the Application Upon Submission. In addition, please provide proof of course payment for the certification.**

**Authorization:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. This waiver does not permit the release or use of disability-related medical information in a manner prohibited by the American's with Disabilities Act (ADA) and other relevant federal and state laws."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Office Use:**

Application Received Date \_\_\_\_\_ Received By \_\_\_\_\_

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