

**2010 REGISTRATION FORM  
RETURNING LIFEGUARD**

**CURRENT INFORMATION: (Please Print)**

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone with Area Code: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Other) \_\_\_\_\_ (Email) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone with Area Code: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**AVAILABILITY**

- I am available to work the **FULL** summer season.
- I am **NOT** available to work the 2010 summer season; but I plan to return for the 2011 summer season. I wish to be placed in Inactive Status. (Remain on the Payroll and **not** withdraw my SPSP.)
- I am **NOT** available to work the 2010 summer season; but I plan to return for the 2011 summer season. I wish to resign and withdraw my SPSP. Please send me the necessary resignation/reinstatement forms. (I understand I will be required to complete a medical and background check upon reinstatement.)
- I do not intend to continue working as a Lifeguard I. Please send me the necessary resignation forms.

**Note:** Unpaid time off during the summer season is allowed **ONLY** with your Supervisor's approval. Time off will generally be limited to a maximum of five shifts.

**CERTIFICATION LEVELS** (√ all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ATV Operator         | <input type="checkbox"/> PWC Crew         | <input type="checkbox"/> CPR Instructor (AHA) |
| <input type="checkbox"/> EMT                  | <input type="checkbox"/> PWC Operator     | <input type="checkbox"/> CPR Instructor (ARC) |
| <input type="checkbox"/> Main Tower Lifeguard | <input type="checkbox"/> Vehicle Operator |   |

**RESPONSE DEADLINE**

Please submit completed registration form and **a copy of your current California Drivers License** and **current EMT card** (If certified), no later than **Monday, MARCH 1, 2010.**

Either in person or by mail to: Gloria Saldivar - San Diego Lifeguard Service  
2581 Quivira Court, San Diego, CA 92109  
(619) 221-8842 FAX: (619) 221-8858  
E-MAIL: GSaldivar@sandiego.gov

Receipt of this form **AFTER** the **March 1, 2010** deadline may result in discipline up to and including **TERMINATION** of your employment with the City of San Diego.

**SIGNATURE:** \_\_\_\_\_