

San Diego Junior Lifeguard Program Intern Application 2024 (Please Print)

Intern Applicant		
Last Name:	First Name:	DOB:
Address:		
City:	Zip	Code:
Cell Phone:	Other Phone: _	
Email:		
Current High School:		Current Grade Level:
Signature (Applicant):		Date:
Applic	ant's Parent or Legal Gua	rdian
Name of Parent or Legal Guard	dian:	
As parent/guardian of this applicant Lifeguard (SDJG) program staff for intern position. I agree to permit retime to be determined. I also per required to complete the tryout program in the state of t	r the purpose of establishing m my child to be interviewed by S mit my child to participate in th	y child's candidacy for the SDJG DJG program staff at a date and
Signature (Parent or Guardian):		Date:
Emergency Contact Phone Nur	mber (Name/Number):	
1	Number	
Name	Number	

Interview Information: Interviews will last approximately 15 minutes. Candidates should be prepared to answer a question about their experience, education, background and how it relates to the position of SDJG intern. Candidates should also be prepared to answer questions on how they would handle challenging and stressful situations with junior lifeguards, parents, lifeguards, and the public.

The SDJG staff regrets that we have only a limited number of intern positions available and unfortunately some qualified candidates may not be offered positions. Candidates seeking interview feedback can email sdjuniorguards@sandiego.gov.

You must bring this completed application to tryouts signed by a parent or guardian. Candidates will not be allowed to participate in the tryout without a completed and signed application. If you have any questions, please email sdjuniorguards@sandiego.gov.