

San Diego Junior Lifeguard Program Intern Application 2025 (Please Print)

Intern Applicant		
Last Name:	_ First Name:	DOB:
Address:		
City:	Zip Code:	
Cell Phone:	Other Phone	e:
Email:		
Current High School:		Current Grade Level:
Signature (Applicant):		Date:
Applicant's	Parent or Legal G	uardian
Name of Parent or Legal Guardian: _		
As parent/guardian of this applicant, I ap Lifeguard (SDJG) program staff for the p intern position. I agree to permit my chil time to be determined. I also permit my required to complete the tryout process.	urpose of establishing d to be interviewed by	g my child's candidacy for the SDJG y SDJG program staff at a date and
Signature (Parent or Guardian):		Date:
Emergency Contact Phone Number ((Name/Number):	
1. Name 2. Name	Numb	
Name	Numh	<u>or</u>

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, no exceptions. If you have any questions, please email sdjuniorguards@sandiego.gov.