



Del Mar Junior Lifeguard Program
PO Box 494
Cardiff CA 92007
info@delmarjg.com

INTERN ANNOUNCEMENT

Deadline – March 4, 2019 (12:00PM)

Thank you for your interest in becoming a DMJG Intern. DMJG Intern is a paid position, you will earn minimum wage. Please read this announcement carefully and feel free to email any questions that you may have to info@delmarjg.com

QUALIFICATIONS

- Must be 15½ years old before **July 1, 2019**
- Must be able to pass a 500 yard swim in under 10 minutes
- Must be able pass a 500 yard paddle on a rescue board (no time limit)
- Must possess a current CPR card by **June 15, 2019**

APPLICATION PACKET

1. **Application Form - PRINT OR TYPE** - Illegible applications will be discarded upon receipt.
2. **Paragraph** - Submit paragraph on a separate sheet of paper describing why you want to be a DMJG Intern.
3. **Letter of Recommendation** - Submit (1) letter of recommendation from an employer, teacher or community leader.
4. **Release Forms** - All 3 release forms need to be signed by a parent or legal guardian.

SUBMISSION OF MATERIALS

- Submit all materials in the APPLICATION PACKET in the same envelope.
- MAIL completed APPLICATION PACKET to:
Del Mar Jr Guards
ATTN: Intern Application
PO Box 494
Cardiff, CA 92007
- Application MUST BE RECEIVED in the PO BOX on or before **Monday March 4, 2019 at 12:00 noon**

NOTICE

If your application is approved, you will be contacted to set up an interview time on **MARCH 16, 2019**. You will also be required to complete a competency swim test prior to your scheduled interview. **No make up dates will be available. Please plan accordingly.**

SWIM TEST

SUNDAY MARCH 10, 2019 – 8:00AM-10:00AM you will be required to complete 500 yard swim in under 10 minutes. The swim test will be completed at the San Dieguito Boys and Girls Club - Padre Aquatic Center @ 533 Lomas Santa Fe Dr Solana Beach, CA 92075. Please bring \$5.00 to pay for pool use. Everyone is required to remain on site until all applicants have finished their test. **Please plan accordingly.**

INTERVIEW

MARCH 16, 2019 Interviews will be held at the 20th St Lifeguard Tower in Del Mar, CA 92014 You will be contacted via email to arrange a specific time to interview.

SELECTION PROCESS

If you are selected you will be required to (a letter will be provided with specific instructions):

1. Attend and successfully complete the DMJG Intern training dates
2. Possess a current CPR card. Card must be on file with DMJG Program prior to June 15, and must remain valid throughout your term of employment.
3. Purchase Fins - Fins must NOT have a right and left foot designation. Acceptable examples include: Duck Feet, Viper, and Custom X.

NOTE: This will be a formal interview process. It is strongly recommended you practice your interview skills, dress appropriately, and be prepared for questions regarding your knowledge, skills and abilities. It is also recommended that you stay in top physical condition prior to the swim test. If you do not pass the swim test you will not be permitted to interview in 2019.



DEL MAR
JUNIOR GUARDS

Del Mar Junior Lifeguard Intern Application 2019

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Cell Phone# _____

Email (that DMJG can reach you at) _____

Parent/Guardian Email _____

Do you have a current CPR card? YES NO (circle one)

List the Jr Guard Program(s) you participated in and for how many years:

List your Jr Guard Instructors:

List other swimming, physical fitness, ocean related experience:

List other leadership, youth program, or sports team experience:

Have you ever been convicted of a crime? YES NO (circle one)

If YES please explain: _____

1. On a separate piece of paper please write a paragraph that best describes yourself and why you would be an asset to the Del Mar Jr Guard Program. Include written paragraph with your application.
 2. Please include 1 letter of recommendation from a coach, employer, teacher or community leader.
- *Please remember to have your parent sign the waiver forms (3 pages) and include it with your completed application.*

SIGNATURE _____

DATE _____

NAME _____

2019 DEL MAR JUNIOR LIFEGUARD INTERN PROGRAM
RELEASE AND WAIVER OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND INDEMNITY
(Please read carefully)

In consideration of the acceptance of the application of _____, "the participating minor" for participation in the Del Mar Junior Lifeguard Intern Program, and with complete understanding that the participating minor shall take a physical test of swimming skills and also will engage in various physical activities on the beaches and waters of the Pacific Ocean, I (we), the parent(s)/legal guardian(s) of the participating minor, intending to be legally bound, do hereby for myself, my heirs, executors, administrators, and the participating minor, hereby represent and agree as follows:

1. **ACKNOWLEDGMENT OF RISKS.** I acknowledge that by participation in the Del Mar Junior Lifeguard Intern Program, the participating minor will engage in various physical activities including dangerous or potentially dangerous water sports, and other water recreational activities on the beaches and waters of the Pacific Ocean including, but not limited to, ocean swimming, diving, wading, beach running, surfing, body boarding, body surfing, boating, ultimate Frisbee, throwing and catching balls, or other similar or related activities. I am aware that these activities involve many inherent risks, dangers and hazards, including but not limited to, impact or collision with surf board(s) or other swimmer(s), skin irritations, abrasions, ear infections, severe weather conditions, dangerous ocean currents, extreme water and air temperatures, prevailing surf condition(s), undertow and rip tide, dangerous rocks, reefs, drift wood, floating objects, sea mammals, sea animals, jelly fish, sting rays and other hazards and obstructions, whether marked or unmarked, all of which can cause serious injury, paralysis, and/or death.

2. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** I hereby certify that no physician, surgeon or other licensed health care practitioner has advised me, after due inquiry, that the participating minor should not participate in any such Del Mar Junior Lifeguard Intern Program activities. I have discussed the risks of such participation with the participating minor, and being fully informed hereby, voluntarily agree to assume responsibility and accept all risks, dangers and hazards arising out of or related to such Del Mar Junior Lifeguard Intern Program activities.

3. **TO RELEASE, waive, and forever discharge** Turtleguard Inc., and all of their officers, employees, and agents, and the City of Del Mar, and all of their officers, employees, and agents (hereinafter, "Releasees") from any and all rights, claims, causes of actions, injuries, damages, judgments, losses, liabilities, costs or expenses (including attorney's fees) against the Releasees, for any injury, death, or property damage whatsoever which may hereafter accrue to me and/or the participating minor arising out of or related to the participating minor's participation in the Del Mar Junior Lifeguard Intern Program and/or arising out of or related to travel to, or returning from said Del Mar Junior Lifeguard Intern Program **EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE OR OTHER THIRD PARTY, to the fullest extent permitted by law.**

4. **TO HOLD HARMLESS AND INDEMNIFY** the Releasees, and each of them, from and against any and all claims, causes of actions, injuries, damages, judgments, losses, liabilities, costs or expenses (including attorney's fees) arising out of or related to the participating minor's participation in the Del Mar Junior Lifeguard Intern Program.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM AFFECTING AND WAIVING VALUABLE LEGAL RIGHTS, INCLUDING RIGHTS I AND/OR THE PARTICIPATING MINOR MAY HAVE AGAINST THE RELEASEES AND INTEND MY SIGNATURE TO BE A COMPLETE, IRREVOCABLE, AND UNCONDITIONAL WAIVER, RELEASE AND INDEMNITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dated: _____

Parent/Guardian signature

Print Minor's name

NAME _____

PARENT/GUARDIAN AUTHORIZATION TO TREAT PARTICIPATING MINOR

I (we) the undersigned parent(s)/legal guardian(s) of _____, the "participating minor" do hereby appoint and authorize the representatives of Turtleguard Inc., the Del Mar Junior Lifeguard/Little Turtle/Xtended Program staff members and/or the City of Del Mar staff members as agent(s) for the undersigned, to administer necessary medical treatment to the participating minor and/or to admit the participating minor to a hospital emergency room for emergency medical treatment, including, but not limited to x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and of the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization to render care is given in advance of any specific diagnosis, treatment or hospital care that may be required as a result of the participating minor's participation in the Del Mar Junior Lifeguard Intern Program. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the participating minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I agree to pay for any medical expenses incurred. This authorization is given pursuant to the provisions of section 6910 of the California Family Code. This authorization shall remain effective until the end of September, 2019, unless sooner revoked in writing, delivered to agents of Turtleguard Inc.

Dated: Parent/guardian Signature

Minor's name Print name of Parent/guardian

List any Medical Restrictions: _____

Allergies to Drugs or Foods: _____

Any special Medications or _____
Pertinent Medical Information: _____

Family Physician: _____ Phone: _____

Insurance Company: _____

Telephones where Parent(s)/Guardian may be reached:

Mother (name) _____ Cell: _____ Home: _____

Father (name) _____ Cell: _____ Home: _____

Guardian (name) _____ Cell: _____ Home: _____

Additional Emergency Contact Person:

Name _____ Cell: _____ Home: _____

NAME _____

VIDEO-PHOTO RELEASE

I understand that during the Junior Lifeguard Program, Intern Program, Little Turtle Program, "Family Night" or related activities, my photograph and/or photograph of my child may be taken by the Junior Lifeguard Program, its producers, sponsors, organizers, and/or agents. I agree that my photograph and/or the photograph of my child including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by Turtleguard Inc., the City of Del Mar, its producers, sponsors, organizers and/or its agents for educational, promotional, and/or other necessary purposes.

Dated:

Parent/guardian Signature

Minor's name

Print name of Parent/guardian