



Lifesaving Society Trainer Application Form

APPLICANT INFORMATION - Please print clearly

NAME:	MEMBER #:	
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE: ()	ALT. PHONE: ()	FAX: ()
EMAIL:	DOB:	YY/MM/DD

REFERENCES - Please list two (2) individuals who can comment on your leadership competency and experience with the Society

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>E-mail</i>

EXPERIENCE - Please Attach

Required Documentation	Attached
1. Complete Leadership Competency Assessment Form - Level 3	<input type="checkbox"/>
2. Resume	<input type="checkbox"/>

FOR OFFICE USE ONLY - Do not write below

DATE PROCESSED:	PROCESSED BY:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason(s) application denied:	