MINERVA YOUTH COMMISSION ♦2024♦

TOWN OF MINERVA MINERVA, NEW YORK 12851

APPLICATION FOR SUMMER YOUTH PROGRAM OR LIFEGUARD PLEASE PRINT OR TYPE				/	/2024
Name:		Date of Birth:	/		/
Address:		Social Security #:		-	-
City:		Phone:			
State:		Zip Code:			
Position for which applying:					
Alternate Acceptable Position:					
Education (Last Grade Completed):					

Special Training

Indicate courses completed with "X" along with copies of Valid Cards and expiration dates.

Life Saving			First Aid			
Hold	Date of Issue	Date of Expiration	Hold	Date of Issue	Date of Expiration	
♦ Water Safety Instructor			◆ EMT			
◆ Life Guard Training			♦ Standard First Aid			
◆ Lifeguard Training Instructor			◆ Community CPR			
Basic Water Safety			♦ BLS - CPR - FPR			
Responding to Emergency						

Please return application no Later than APRIL 12, 2024:

(mail or drop off to one of the following address below)

Office of the Supervisor
Stephen McNally
P.O. Box 937
Minerva, New York 12851