

Reg. Charity No. 11912 9021 RR0001

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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

Name	Relationship	Phone Number	E-mail

EXPERIENCE - Please Attach				
Re	equired Documentation	Attached		
1.	Complete Leadership Competency Assessment Form - Level 3			
2.	Resume			

FOR OFFICE USE ONLY - Do not write below				
DATE PROCESSED:	PROCESSED BY:			
□ Approved	Denied			
Reason(s) application denied:				