



**LIFESAVING SOCIETY**  
*The Lifeguarding Experts*

**EXAMINER MENTOR APPLICATION**

**EXAMINER INFORMATION**

|                   |                   |                                 |  |
|-------------------|-------------------|---------------------------------|--|
| Name              |                   | Lifesaving Society ID #         |  |
| Permanent Address |                   |                                 |  |
| City              | Province          | Postal Code                     |  |
| Phone (    )      | Alt. Phone (    ) |                                 |  |
| Email             |                   | Date of Birth    YYYY / MM / DD |  |

**EXPERIENCE** *(a minimum of 3 exams at any one level is required in order to apply)*

| Level  | Certification Date | # of exams | Verification |
|--|--------------------|------------|--------------|
| <input type="checkbox"/> Bronze Examiner             |                    |            |              |
| <input type="checkbox"/> First Aid Examiner          |                    |            |              |
| <input type="checkbox"/> National Lifeguard Examiner |                    |            |              |

**REFERENCE** *(Please provide the name of someone the Lifesaving Society office may contact, who will be able to provide insight into your mentoring abilities)*

|        |               |
|--------|---------------|
| Name:  | Position:     |
| Email: | Phone: (    ) |

**EXPERIENCE AND SKILLS**

*After reviewing the Examiner Mentor job description in the Examiner Handbook (page 52), tell us why you feel you would make a good Examiner Mentor.*

|  |  |
|--|--|
|  |  |
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**Please send completed application to the Lifesaving Society office.**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <b>FOR OFFICE USE:</b>            |                                 |
| 1. Date application received:     | Application sent to:            |
| 5. Approved application received: | Examiner Mentor status entered: |

|  |                 |
|--|-----------------|
| <b>FOR PROGRAM MANAGER USE:</b>  |                 |
| 2. Application reviewed <input type="checkbox"/> Applicant ready <input type="checkbox"/> Applicant not ready (follow-up with applicant) |                 |
| If not ready, provide reason:  |                 |
| 3. Learning opportunity <input type="checkbox"/> Provided  | Date completed: |
| 4. Examiner Mentor assessment <input type="checkbox"/> Approved <input type="checkbox"/> Not approved (follow-up with applicant)         |                 |
| If not approved, provide reason:   |                 |

|  |       |
|--|-------|
| <b><i>I certify that the examiner listed above has successfully completed the learning opportunity and Examiner Mentor assessment. My signature below indicates that I am appointing them as an Examiner Mentor.</i></b> |       |
| Program Manager:   | Date: |
| Signature:   |       |