



**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:	