



# Advanced Leadership Application Form

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone:** (Res) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Cell) \_\_\_\_\_  
**Email:** \_\_\_\_\_

Check off the following:

**I am applying for:**  
\_\_\_ NLS/FA Instructor    \_\_\_ Instructor Trainer    \_\_\_ First Aid Instructor

**I currently hold the following certifications:**

- Current Lifesaving Award (Bronze Cross or higher)
- National Lifeguard Award (any option)
- Standard First Aid with CPR level C
- Lifesaving Instructor
- Lifesaving Advanced Instructor
- Attended a Lifesaving Examiner Standards Clinic
- Lifesaving Bronze examiner
- Age eighteen (18) years minimum

Please attach photocopies of certifications and proof of age (if necessary) to this application.

**References:** Please give the name, address and phone number for three (3) personal references other than family.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please mail this form to:**

Lifesaving Society- Nova Scotia Branch  
5516 Spring Garden Rd., 4<sup>th</sup> Floor  
Halifax, NS B3J 1G6

**Or fax it:**

C/o Lifesaving Society  
(902) 425-5606