

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 Program Manager 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. (More space on next page)

Please send completed application to the Lifesaving Society office.

For Office Use

Date application received:	Application sent to:
Approved application received:	Examiner Mentor status entered:

For Program Manager Use

Application reviewed	<input type="checkbox"/> Applicant ready	<input type="checkbox"/> Applicant not ready (follow-up with applicant)
If not ready, provide reason		
Learning opportunity	<input type="checkbox"/> Provided	Date completed:
Examiner Mentor assessment	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (follow-up with applicant)
If not approved, provide reason		

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.

Program Manager Name:	Date:
Signature:	