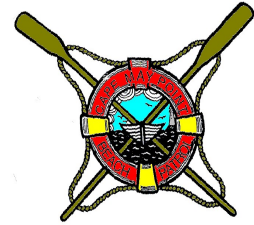




Chief Bill Oat

Cape May Point Beach Patrol
P.O. Box 490
215 Lighthouse Ave.
Cape May Point, NJ 08212
Phone: (609) 884-8468 ext. 15
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Captain Ben Swan
Lieut. Chase Bader

Dear Fellow CMP Lifeguard,

I hope all is well and you enjoyed your fall and winter season. I am looking forward to the 2020 summer season as I am sure you all are as well. **I am asking that all personnel desiring a position this summer return the enclosed forms no later than May 15, 2020. NO EXCUSES! If I do not hear from you by that date I will assume you are not returning and your spot will be forfeited.** Times are tight and I want to be as fair to you as possible, but you in return need to be fair to me. The returning guard forms are used to determine need as well as setting up the budget. **THERE WILL BE NO EXCEPTIONS; NO RETURNING GUARD FORM = NO JOB!!!**

Please remember that everyone must fill out a returning guard form as well as a physician's note, which clearly indicates approval of his/her job duties. College athletic physical forms will be accepted. In addition, all personnel designated as "lifeguards" will be expected to swim 500 meters in 9:45 minutes or less, run 1 mile in 7 ½ minutes or less, and present a **"physically fit" appearance prior to sitting up.** Remember lifeguarding is **swimming and running!!**

Other notes of interest:

1. The first day of the season is tentatively **June 13, 2020.** However, we expect to see you at the guardhouse at 9am on **June 6, 2020** for our first tryouts as well as CPR, First Aid training and the run/swim re-qualification. If you cannot make this day, please let me know via your returning guard form or by calling/texting my cell phone.
2. All requalification tests must be completed by **June 13, 2020 – NO EXCEPTIONS!** This helps determine the number of rookies we need to hire.
3. We will be conducting two rookie tests this season (*if needed*): the first on Saturday, June 6, 2020 at 10am and the second on Saturday, June 13, 2020 at 10am.
4. ******In addition, please make note of any conflicts in dates or scheduling that may affect your work schedule as well as completing all forms enclosed.******
5. Those of you, who are under the age of 18, must obtain working papers prior to starting work. If you need to reach me, I will be up periodically on the weekends starting in May. You can contact me on my cell phone 609-553-7486 or by email oatrcmbp@comcast.net.

Please do not put off returning this information until the last minute. For those of you who are not returning, you will be missed and will always be considered a part of the beach patrol family. I look forward to hearing from you. Remember, summer is right around the corner. **So is the 500 meter swim!**

Additionally, all college bound lifeguards will have to submit their school's "first day for incoming students". This will give me a baseline of how many days need to be taken off before school.

Yours in Lifesaving,

Chief Bill Oat

RETURNING GUARD FORM

Name: _____ Part Time or Full Time (circle one)

Social Security Number: _____ Date of Birth: _____ Age: _____

Summer Address: _____

Telephone Number: _____ Cell Phone: _____

Sizes (circle one)

Top: S L 2

Shorts: S L 2

Short Sleeve Shirt/Jacket Size: S L 2

Long Sleeve Wind Pants Size: S L 2

Shorts: Nylon: S M L XL

Women's Suit (chose style/size): 1 or 2 piece/ XS S M L XL /24 26 28 30 32 34 36

DATE EXPECTED TO START WORK: _____ DATE EXPECTED TO LEAVE WORK: _____

A date miscalculated costs money to the other guards

Preference of Days Off: _____ Number of Years Employed: _____

Beach Preference: _____

Are you at all interested in helping out pre-season (this does not obligate you): _____

Date you will be permanently in Cape May Point: _____

Are you interested in helping out with the Junior Lifeguard Program (this does not obligate you): _____

In Case of Emergency:

Contact Person: _____ Phone Number: _____

Relationship: _____ Address: _____

Picture Waiver:

I, _____, do hereby signify the approval of using any pictures taken of me for publications made for, or by, the Borough of Cape May Point. I understand that photographs used may be displayed without viewing them prior to publication. Therefore, by signing this document, I waive and release any and all rights and claims I may have against any individuals, organizations, or municipalities connected with the publication of photographs, or my name.

(Signature)

(Date)

If you are under the age of 18 years, please have a parent or guardian sign the following

(Signature of Parent/Guardian)

(Date)

*****Please list any possible scheduling conflicts on the back sheet of this paper. Please fill out these dates as completely as possible.**