

## AFFIRMATION STATEMENT

To be completed by those employees working in the capacity of **LIFEGUARD**.

I affirm that I possess a current American Red Cross Certified Lifeguard Training Certificate, or its equivalent, and a current American Red Cross CPR For The Professional Rescuer Certificate, or its equivalent.

If I am appointed by an authority that operates a Beach or Waterfront Facility, I also possess the American Red Cross Waterfront Lifeguard Module, or its equivalent.

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

Date: \_\_\_\_\_

In addition to meeting the above qualifications, please have those employees supervising other lifeguards check where indicated below.

\_\_\_\_\_ I have two seasons of full time paid work experience as a lifeguard or an equivalent Combination of training and experience.

Signature: \_\_\_\_\_

To Be Employed By: \_\_\_\_\_  
(Specify City, Town, Village, School District)

Appointing Authority Signature: \_\_\_\_\_

DUTCHESS COUNTY PERSONNEL DEPARTMENT