

## 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):

Do you have a specific Area Chair you would like to review your application?

My Area Chair       Any Area Chair       Other: \_\_\_\_\_

### 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 Area Chair 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 Area Chair Use**

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

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.

Area Chair Name:	Date:
Signature:	