



The Waegwoltic Club  
6549 CoburgRd.  
Halifax, NS B3H2A6

Waegwoltic General Application

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Availability/unavailability between May 1st – Oct. 31st \_\_\_\_\_  
\_\_\_\_\_

Please indicate the area of employment interest below.

\_\_\_\_\_ Aquatics      \_\_\_\_\_ Tennis      \_\_\_\_\_ Sailing      \_\_\_\_\_ Summer Camps  
\_\_\_\_\_ Recreation      \_\_\_\_\_ Cleaning      \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

**Tennis Applicants Only - TENNIS LEVEL CERTIFICATION COMPLETED (Tennis Canada):**

Instructor	_____	date of completion	_____
Club Pro 1	_____	date of completion	_____
Coach 2 / Club Pro 2	_____	date of completion	_____
Coach 3 / Club Pro 3	_____	date of completion	_____
Coach	_____	date of completion	_____

**Aquatics Applicants Only - AQUATICS CERTIFICATIONS COMPLETED: (Please include proof of certification)**

	Certification Date	Expiry Date
NLS	_____	_____
WSI	_____	_____
LSI	_____	_____
SFA/CPR-C	_____	_____
Oxygen	_____	_____
AED	_____	_____
Other (please specify):	_____	_____

**Sailing Applicants Only - SAILING CERTIFICATION COMPLETED:**

Fundamental Course	date of completion	_____
CANSail 1-2	date of completion	_____
CanSail 3-4	date of completion	_____
CanSail 5-6	date of completion	_____

If you have other certification, please specify: \_\_\_\_\_

**PLEASE INCLUDE A RÉSUMÉ WITH YOUR APPLICATION FORM.**