



# LAVA HOT SPRINGS FOUNDATION - OLYMPIC SWIMMING COMPLEX

## SUMMER 2016 AQUATIC STAFF AGREEMENT

Part 1. Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### Part 2. Check ALL positions you wish to work

- |   |   |
|---|---|
| <input type="checkbox"/> Lifeguard  | <input type="checkbox"/> Clerk  |
| <input type="checkbox"/> Maintenance— <i>must be 16</i>   | <input type="checkbox"/> Swim Instructor or Junior Lifeguard Counselor  |
| <input type="checkbox"/> Substitute/fill-in LG only   | <input type="checkbox"/> Unsure of work intentions this summer— <i>contact us by 4/15/16 to explain further</i> |
| <input type="checkbox"/> Late Summer LG only— <i>if you can't work early summer but can work after July 1</i> |   |

### PART 3. Read and initial statements below

I understand that although management will do its best to honor requests for days off, any shifts assigned by my supervisors are my responsibility.

I understand that unless I am in school, I may be required to work as a lifeguard or clerk any day of the week and/or the following holidays: **Memorial Day, 4<sup>th</sup> of July, Pioneer Day, and Labor Day.**

I understand I am being hired to work the entire summer season which ends **September 5**. I will be a part of the lifeguard team, working as my availability permits, including short shifts around a sports practice schedule\*.

I understand that, for safety and continuity purposes, I am required to attend all mandatory meetings and 80% of inservice trainings.

I understand that if I have questions regarding employment, I (THE EMPLOYEE, NOT MY PARENTS) should initiate contact with my employer.

\* exceptions made for those who leave the area to start college

### PART 3. Availability - Summer season begins **May 21**.

I am available to start working (date) \_\_\_\_\_. My last day of school is (date) \_\_\_\_\_.

Sunday schedule preference\*\* (circle): 1. strongly prefer not to work / 2. can work every other or after church / 3. no preference  
 \*\*Management will do our best to honor scheduling preference; however, staff may be scheduled one Sunday per month if needed.

How many hours per week would you like to work? \_\_\_\_\_ How many shifts per week would you like to work? \_\_\_\_\_

### PART 4. Acknowledgement

I have read the Aquatic Staff Agreement and understand these policies.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Primary Phone Number

\_\_\_\_\_  
 Alternate Contact Number

Drop documents at the pool or hot pools, snail mail to PO Box 669, Lava Hot Springs, ID 83246, or scan/email to [karen.homstad@lava.idaho.gov](mailto:karen.homstad@lava.idaho.gov).

**Return this signed agreement by April 15, 2016, or we will assume you will not be returning to work at the Foundation.**

Has your mailing address changed? If so, write your new address here:

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State ZIP