CHARLESTON COUNTY PARK
& RECREATION COMMISSION

Ocean Rescue Lifeguard Candidate,

Thank you for your interest in becoming a member of Charleston County Park and Recreation Commission's Ocean Rescue Lifeguard Team. This position requires that you possess adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water lifeguard as documented by a medical doctor or osteopathic physician. The position requires a high level of commitment with ongoing physical strength and stamina requirements, along with other course and curriculum training during your employment, as essential job functions. Although the demands are high, you will find your experience rewarding and beneficial while developing the skills necessary to guard Charleston County's oceanfront and its residents and visitors.

Outlined below is the criteria and process a candidate must go through to become an Ocean Rescue Lifeguard.

All candidates must meet the following qualifications:

1. Possess current certification in Lifeguarding (American Red Cross or YMCA)
2. Be at least 16 years of age
3. Possess a valid vehicle operator's license
4. Complete a 500 meters (550 yards) swim test in 9:00 minutes or less (pool) and 10:00 minutes or less (open water)
5. Complete a 1-mile run in 8:00 minutes or less (track and beach)

Swim and run tests will be conducted throughout the month of February through mid-March (see the included calendar for dates). A candidate may attempt to pass the tests as many times as they wish without penalty. If so desired, a candidate may take the test even after they have passed to improve their times; only the best times will be on record.

Only after a candidate passes both tests, will they become eligible for employment and then be contacted and scheduled for an interview with a park manager. Park Managers will make hiring selections throughout March. All potential employees' are required to pass a drug test before being hired. Hiring selections will be based on run and swim times as well as the experience, professionalism, drug test results, and character of the candidate. UNFORTUNATELY, NOT ALL APPLICANTS WILL BE HIRED FOR A LIFEGUARD POSITION.

If an applicant is hired, they will be required to complete and maintain training levels of the United States Lifesaving Association Open Water Lifesaving as detailed in the calendar.

Thank you again for your interest in employment with the Charleston County Park and Recreation Commission. If you need additional information, please contact the applicable person from the attached contact sheet.

**Contact Numbers and Email**

For Questions Regarding the Ocean Lifeguard Training Program

- Kristen Procopio Allen – Folly Beach Assistant Manager
  Phone: 843-670-6398 (cell) 843-588-3474 (office)
  Email: kpallen@ccprc.com

- Cole Thomas – Isle of Palms Assistant Manager
  Phone: 843-614-2127 (cell) 843-762-9958 (office)
  Email: cthomas@ccprc.com

- Nikki Bowie – Safety Program Manager
  Phone: 843-609-7908 (cell) 843-762-8049 (office)
  Email: nbowie@ccprc.com

- Stephen Fernandez – Safety Program Assistant Manager
  Phone: 843-614-9813 (cell) 843-762-8046 (office)
  Email: sfernandez@ccprc.com

For Questions Regarding Facilities

- Mark Patrick – Folly Beach Fishing Pier & Folly Beach County Park
  - 843-991-3098 – Cell
  - 843-588-3474 – Park
  - Email: mpatrick@ccprc.com

- Tif Miller – Beachwalker County Park on Kiawah Island
  - 843-614-2122 – Cell
  - 843-768-2395 – Park
  - Email: tmiller@ccprc.com

- Cynthia Wilson – Isle of Palms County Park
  - 843-614-9808 – Cell
  - 843-762-9958 Park
  - Email: cwilson@ccprc.com

# Returning Lifeguard Addendum

Beginning with the 2013 Ocean Rescue season, all returning lifeguards who are in good standing with CCPRC will have until February 1st to verbally commit to returning in order to reserve their spot on the roster; **all returning lifeguards are still subject to meeting qualifications**. If commitment is not made by January 15th , they become part of the general pool of applicants. This enables us to know by January 15th exactly how many spots we have to hire (i.e. if there are 50 ocean lifeguard spots open county wide, 32 returning guards have committed; we will hire 18 new guards this spring).

CHARLESTON COUNTY PARK
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# LIFEGUARD CANDIDATES

Lifeguard employment with Charleston County Park and Recreation Commission requires that those candidates-- in order that they are able to perform the duties of a lifeguard-- possess adequate vision, hearing acuity, physical ability and stamina as documented by a medical doctor or osteopathic physician.

**WORKING CONDITIONS:** Duty as a Charleston County Park and Recreation Commission lifeguard will include, but not be limited to, exposure to

1. Environmental conditions, sometimes extreme, i.e. sun, wind, salt, ocean currents and conditions, inclement and threatening weather;
2. Physical training to include, but not limited to, running, swimming, agilities and other activities of a highly physical nature;
3. Emergency, rescue or first aid situations of a varied nature which could result in degrees of mental and physical stress;
4. Blood-borne pathogens;

Your physician should complete the certification portion of this document. Return it on or before your scheduled beach training or water park training. **You will be denied participation in any beach training or water park training until this certification has been completed and returned.**

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**PHYSICIAN'S CERTIFICATION**

This is to certify that _____ is physically fit to perform the duties of a lifeguard, as described above.

**Doctor**_____

Print name signature

**Address**_____

_____

**Telephone** _____

**Date** _____

Employee Name (print)_____

Facility (circle one): Beachwalker Folly Beach Isle of Palms

CHARLESTON COUNTY PARK
& RECREATION COMMISSION

# PAYMENT OF LIFEGUARD TRAINING FEES

Charleston County Park and Recreation Commission realizes that there are significant fees and uniform costs related to lifeguarding. In an effort to offset some of these costs, uniforms may be paid for through payroll deduction. All training fees must be paid in **one lump sum** prior to participating in any training courses required. In the case where a lifeguard has completed a training course and/or received a uniform from CCPRC and leaves the agency before their fees have been deducted, they will be required to reimburse CCPRC for the full amount owed.

Payments can be made by calling Park and Program Services 843-795-4386 or by visiting any of your county park facilities.

Please refer to the following table of fees for lifeguard trainings, memberships, and manuals:

| **Beach Park Lifeguard**<br><br>**New & Returning** |
|---|
| United States Lifesaving Association Manual of Open Water Lifesaving: $35 |
| United States Lifesaving Association Membership: $30 |
| **Total:**<br>**$65 New**<br>**$35 Returning-** if manual needed |

**Returning lifeguards do not have to pay for recertification and will only incur a cost if textbook not retained from previous season.**

These fees do not include uniform costs.

# February 2013 Ocean Lifeguard Test Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| **3** | 4 | 5 | 6 | 7 | 8 | 9 |
| **10** | 11 | 12 | 13 | 14 | 15 | 16 |
| **17** | 18 | 19 | 20 | 21 | 22 | 23<br>Pre-season swim/run test (PSSRT) @ St Andrews 12pm-2pm |
| **24** | 25 | 26 | 27<br>PSSRT 630pm-830pm | 28<br>PSSRT 630pm-830pm | | |

# March 2013 Ocean Lifeguard Test Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2<br><br>PSSRT<br>12pm-2pm |
| **3** | 4 | 5 | 6<br><br>PSSRT<br>630pm-830pm | 7<br><br>PSSRT<br>630pm-830pm | 8 | 9<br><br>PSSRT<br>12pm-2pm |
| **10** | 11 | 12 | 13<br><br>PSSRT<br>630pm-830pm | 14<br><br>PSSRT<br>630pm-830pm | 15 | 16<br><br>PSSRT<br>12pm-2pm |
| **17** | 18 | 19 | 20<br><br>PSSRT<br>630pm-830pm | 21<br><br>PSSRT<br>630pm-830pm | 22 | 23 |
| **24/31** | 25 | 26 | 27 | 28 | 29 | 30 |

The Ocean Lifeguard Preseason Test consists of a **1 mile** run in **8 minutes** or less and a **550 yard** pool swim in **9 minutes** or less. Candidates must be at least 16 years of age and submit a signed waiver to participate. Candidates under the age of 18 must have a parent's signature to participate. Candidates are responsible for bringing personal items such as running shoes, swim suits, goggles, towel, etc.

*By passing the run and swim tests, candidates become eligible for employment. *Passing the tests does not guarantee employment.* A candidate may also take the test even after they have passed to improve their times, if so desired.

Testing Location: **St. Andrews Family Fitness**
**1642 Sam Rittenberg Blvd**
**Charleston, SC 29407**

# April 2013 Ocean Lifeguard Training Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3<br>Lifeguard Round up (1)<br>Edisto Hall | 4<br>Lifeguard Round up (2)<br>Edisto Hall | 5 | 6 |
| **7** | 8 | 9 | 10<br>CPR Training – JICP<br>Board Room<br>4pm-8pm | 11<br>CPR Training – JICP<br>Board Room<br>4pm-8pm | 12 | 13 |
| **14** | 15 | 16 | 17<br>Returning LG Training – Folly<br>Surveillance/ Surf Rescue | 18<br>Returning LG Training – IOP<br>Surveillance/ Surf Rescue<br><br>Rookie School I – HQ 4pm-8pm | 19<br><br>Rookie School I – FBCD<br>4pm-8pm | 20<br><br>Surf School I – FBCD<br>9am-5pm |
| **21**<br><br>Surf School I – FBCD<br>9am-5pm | 22 | 23 | 24<br>Training – Folly<br>Emergency Situations | 25<br>Training – IOP<br>Emergency Situations | 26 | 27 |
| **28** | 29 | 30<br><br>Home Park Orientation | | | | |

Lifeguard Round Up I and II – Lifeguards will be required to attend either Round Up I or Round Up II, both held at James Island County Park's Edisto Hall from 4:00pm-8pm. Newly hired lifeguards are required to go through a Charleston County Park and Recreation Commission Orientation. Orientation will be held from 4:00 to 4:30 at each Round Up. During Lifeguard Round Up, employees will get sized for uniforms, pay fees and collect materials, sign up for training dates, review the Aquatics Manual, and will attend a question/answer session.

Lifeguards must attend either a Wednesday or Thursday training each week from 4pm-8pm. The same curriculum will be taught both days. Lifeguards will sign up for which dates they will attend during Lifeguard Round-Up.

All <u>first</u> year CCPRC Ocean Lifeguards must attend Rookie School I or II. Rookie School is a 2-day training consisting of 4 hours of class room and 4 hours of basic rescue skills at the beach. Rookie School I meets April 18th – 19th, and Rookie School II meets May 16th - 17th.

<u>All</u> CCPRC Ocean Lifeguards are required to attend Surf School I or II. Surf School is an intense 2-day, 16 hour training on the beach consisting of physical training, surf rescue, and medical skills. Surf School I meets April 20st – 21nd and Surf School II meets May 18th – 19th.

# May 2013 Ocean Lifeguard Training Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | 1<br><br>Training - Folly Board Rescue and Kayak | 2<br><br>Training – IOP Board Rescue and Kayak | 3 | 4<br><br>Start Guarding – BWP, FBCP, IOP |
| **5** | 6 | 7 | 8<br><br>Training – Folly Multiple Rescues, review | 9<br><br>Training – IOP Multiple Rescues, review | 10<br><br>PWC Training I – Folly<br><br>9am-5pm | 11<br><br>PWC Training II – Folly<br><br>9am-5pm |
| **12**<br><br>PWC Training III – Folly<br><br>9am-5pm | 13<br><br>Ocean Lifeguard Supervisor Training | 14<br><br>Ocean Lifeguard Supervisor Training | 15<br><br>Training – Folly Beach Driving | 16<br><br>Training – IOP Beach Driving<br><br>Rookie School II – HQ 4pm-8pm | 17<br><br>Rookie School II – FBCP<br>4pm-8pm | 18<br><br>Surf School II – BWP<br>9am-5pm<br><br>Start Guarding - FBFP |
| **19**<br><br>Surf School II – BWP<br>9am-5pm | 20<br><br>First Responder Class<br>JICP Boardroom<br>9am-5pm | 21<br><br>First Responder Class<br>JICP Boardroom<br>9am-5pm | 22<br><br>First Responder Class<br>JICP Boardroom<br>9am-5pm<br>Training – Folly Make-up | 23<br><br>First Responder Class<br>JICP Boardroom<br>9am-5pm | 24<br><br>First Responder Class<br>JICP Boardroom<br>9am-5pm | 25 |
| **26** | 27 | 28 | 29 | 30 | 31 | |

All CCPRC Ocean Lifeguards are required to have Medical First Responder training or higher. CCPRC will offer First Responder training May 20th – 24th and June 10th -14th at the James Island Boardroom from 9am-5pm. Lifeguards must attend one of these weeks of training.

Personal Water Craft (PWC) training is offered to Lifeguards who meet the following requirements: 18 years of age, 1 full season of lifeguarding at an USLA accredited beach, or has applicable experience determined by the instructors.

# CHARLESTON COUNTY PARK & RECREATION COMMISSION PROGRAMS, COURSES & TRIPS

PARTICIPANT'S NAME _____ PHONE _____ AGE_____ DATE OF BIRTH_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____ SEX_____

Emergency Contact:_____ Relationship_____ Phone(s)_____

## PLEASE READ AND FILL-OUT THIS FORM AND RETURN ON THE DAY OF YOUR PROGRAM

### PART I: AGREEMENT TO PARTICIPATE AND HOLD HARMLESS

In agreeing to participate in a Charleston County Park & Recreation Commission (CCPRC) program, course or trip, I recognize certain risks and dangers exist. These risks include, but are not limited to loss or damage of personal property, injury or fatality due to tripping over roots, falling from heights, drowning, allergic reactions to foods or insects, exposure to temperature extremes or inclement weather, sunburn, and vehicle accidents while traveling to and from the activity site.

I understand Charleston County Park and Recreation Commission, its staff and other program participants shall assume no responsibility or liability for me for accident, illness, injury, or loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with this activity, and I hold CCPRC and its agents harmless from any and all liability, action, claims, and damage of every kind.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

### PART II: AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I am aware of my general condition and affirm that I am fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to CCPRC staff, and will engage in all prescribed activities except for those noted by me and/or by my examining physician. In the event I am rendered unable to communicate by an emergency or accident, I authorize and request such medical and surgical services as may be necessary, and further agree to accept financial responsibility for same.

### PART III: MEDICAL INFORMATION

Your CCPRC program may involve strenuous physical activity. If you have questions regarding your health and participation, please consult your personal physician. We ask for the following information to be aware of potential problems and to help you safely enjoy your time with us.
*Attach additional pages as needed.* **HEIGHT_____WEIGHT_____DATE OF LAST TETANUS SHOT_____**

**DO YOU HAVE/EXPERIENCE? (PLEASE CHECK THE APPROPRIATE COLUMN)**

| Yes | No | |
|---|---|---|
| _____ | _____ | **Asthma--If yes, what triggers it?** _____ |
| _____ | _____ | Diabetes or difficulty maintaining blood sugar |
| _____ | _____ | High Blood Pressure |
| _____ | _____ | Heart Disease |
| _____ | _____ | Are you pregnant? |
| _____ | _____ | Dislocations--If yes, which joint(s)?_____ |
| _____ | _____ | Back Problems |
| _____ | _____ | Seizures--If yes, when was your last? ___/___/___ How often do they occur?_____ |
| _____ | _____ | Are you currently taking medication? If yes, what type?_____ |
| | | Please list any side effects (fatigue, sensitivity to sun, etc.):_____ |
| _____ | _____ | Are you allergic to any medications, insect bites/sting, and/or foods? Please list:_____ |
| | | If yes, what happens & do you carry medication?_____ |
| _____ | _____ | Has a physician or health care provider *recently* restricted your physical activity?--If yes explain:_____ |

Please include detail about any medical information that you checked YES for **or** other information that may be relevant to staff, EMS or hospital staff:
_____

Optional information

Insurance Company*_____ Group Number*_____ Policy Holder's Name* _____

PreferredPhysician*:_____ Preferred Hospital*_____

**My signature on this document is also intended to bind my heirs, representatives, executors, or administrators.**

**PARTICIPANT'S SIGNATURE**_____**DATE**_____

**PARENT/GUARDIAN'S SIGNATURE**_____**DATE**_____
(Required if participant is under 18 years of age)

**ANYONE WITH SEVERE ALLERGIES TO FOOD, PLANTS OR INSECTS MUST INFORM CCPRC STAFF, BRING THEIR OWN MEDICATION, AND BE ABLE TO SELF-ADMINISTER IT!**

**Participant's Name:** _____ **Date of Birth:** _____
**Program Title:** _____ **Program Date:** _____

Last Revised on 6-08