



The life of the beach.

SURF LIFE SAVING SA

PO Box 108, Torrensville SA 5031
219 Henley Beach Road, Torrensville SA 5031
Phone: 08 8354 6900
Facsimile: 08 8354 6999
Web Site: www.surfrescue.com.au

EXPRESSION OF INTEREST

Westpac Lifesaver Rescue Helicopter

Name:

Club:

Home Address:

P/Code:

Date of birth:

Age as of 1st October 2009:

Phone

Home:

Work:

Mobile:

E-mail:

Have you or do you carry or suffer any injury/impairment that may effect your ability to complete any physical components of the training and/or duties required. **Yes / No**

If yes, please provide details:

Patrol Hours performed:

(2009/2008)

(2008/2007)

(2007/2006)

(2006/2005)

(2005/2004)

Positions held (both Club and Patrol last 5 years)

Please complete next page



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Awards

Please list all awards, include those outside SLSSA i.e., St John, Red Cross.
For holders of awards outside SLSSA please provide copies. All awards will be checked and verified.

AWARD NO:	AWARD	AWARD NO:	AWARD

Surf Club Endorsement

To be endorsed by a Club Secretary or President confirming the details provided by the applicant are true and correct and also recommending the applicant as suitable for lifesaving operations as SLSSA Westpac Lifesaver Helicopter Crew.

Date:

Signature
Club Officer

Name
(please print)

Applicant endorsement

I _____ confirm that all details provided in this application are true and correct and that I am physically fit and prepared to undertake all appropriate training sessions associated with the service.

Date:

Signature
Applicant

**Form must be received at SLSSA by no later than
12 noon Monday 7th September 2009**