

**Susquehanna Council Award Counselor Application  
BSA Lifeguard Award**

*Submit to Chair, Council Advancement Committee or Council Service Center*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

**Qualifications** {as required in BSA Lifeguard Instructor Manual}  
*Check and provide info for all that apply.*

A. Instructor qualification (at least one required):

BSA Aquatics Instructor  
Date completed training: \_\_\_\_\_

BSA Lifeguard Instructor  
Date completed training: \_\_\_\_\_

B. Other

First Aid training (required)  
Date completed training: \_\_\_\_\_

CPR/AED for the professional rescuer training (required)  
Date completed training: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Approved by Council Advancement Committee: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Date: \_\_\_\_\_