

# LIFEGUARD EVALUATION

## End of Season

NAME: N [REDACTED] Vega Facility: Spring

PERFORMANCE INDICATORS: A= Always S= Sometimes N= Never

### PERFORMANCE FACTORS

	Rate		Rate
1. Promptly report for duty (on time) (Not excessively absent or late)	A	8 Has a positive attitude	A
2. Obeys workplace rules and regulations	A	9 Worked well with other lifeguards on the team	A
3. Perform assigned duties	A	10. Adequately handle emergencies (Shows good judgement)	A
4. Wears uniform properly and appropriately	A	11. Accept authority and responsibility	A
5. Initiative Ability to act on his/her own and take the lead.	S	12. Communicate with the public with tactful yet positive results	A
6. Respectful to fellow staff and officers	A	13. Know where all of the equipment is (first aid book, certification binder, binder with all of the incident reports and daily logs).	A
7. know all of the whistle drills	A	14. Participate in in- service trainings	A

Number of write ups? 0  
 Years worked? 1  
 Vacations taken? 2  
 Number of saves? 3

Last day of work: Sept 3  
 Number of call outs or lateness? 0  
 How many? \_\_\_\_\_  
 Was this person ever sent to other facilities? yes

Rehire: Yes Why: Good guard

Is this person eligible for a pay increase? Yes

Should this person be considered for a promotion next season? No to soon

Lieutenants Comments: \_\_\_\_\_

Captain's comments: N [REDACTED] is a good guard always taking  
initiative keep up the good work.

Employee Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Signature]*  
Signature of evaluator

Lifeguard  
Title of evaluator

8/27/21  
Date

\_\_\_\_\_  
Signature of evaluator

\_\_\_\_\_  
Title of evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of evaluator

\_\_\_\_\_  
Title of evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

Signature acknowledges that this evaluation was seen by the Lifeguard but does not mean the Lifeguard agrees with this evaluation.

**If additional space is needed for remarks, please use additional sheets which should be signed by all parties.**

**A copy of any evaluation marked as a No Rehire must be sent to the Lifeguard Supervisor or Parks Director.**

# LIFEGUARD EVALUATION REPORT

## Mid-Season

NAME: Vega N [REDACTED] Facility: Spain  
(Last) (First) (Middle)

**PERFORMANCE INDICATORS:** S = Satisfactory I = Improvement needed U = Unsatisfactory

**PERFORMANCE FACTORS** to evaluate all lifeguards

Did this Lifeguard:	Rate	Did this Lifeguard:	Rate
1. Promptly report for duty (on time)? (Not excessively absent)	S	8. Demonstrate competency in water safety skills?	S
2. Obeys workplace rules and regulations?	I	9. Demonstrate competency in first aid Skills?	S
3. Perform assigned duties? Participates in in-service and meetings	S	10. Demonstrate knowledge of lifeguard principles and techniques?	S
4. Wears uniform properly and appropriately?	S	11. Demonstrate competency in swimming and endurance skills?	S
5. Initiative Ability to act on his/her own and take the lead.	S	12. Communicate with the public with tactful yet positive results?	S
6. Cooperate with fellow staff?	S	13. Accept authority and responsibility?	I
7. Physical Condition: Commensurate to the job?	I	14. Adequately handle emergencies? (Shows good judgement)	S

For ALL UNSATISFACTORY explanation must be given.

### **CAPTAIN/LIEUTENANT COMMENTS:**

N [REDACTED] is overall a good guard. we would like to see [REDACTED] being more proactive on the deck especially with our newer guards. Unfortunately we would like to see a professional look by not walking around with balls etc.

[Signature]  
Signature of evaluator

Captain

Title of evaluator

7/28/2022  
Date

### **EMPLOYEE REMARKS:**

[REDACTED]  
Signature of employee

7/29/2022  
Date

Signature acknowledges that this evaluation was seen by the Lifeguard but does not mean the Lifeguard agrees with this evaluation. If additional space is needed for remarks, please use additional sheets which should be signed by all parties.

# LIFEGUARD EVALUATION REPORT

## End of Season

NAME: Vega N  Facility: Sprain  
(Last) (First) (Middle)

**PERFORMANCE INDICATORS:** S = Satisfactory I = Improvement needed U = Unsatisfactory

**PERFORMANCE FACTORS** to evaluate all lifeguards

Did this Lifeguard:	Rate	Did this Lifeguard:	Rate
1. Promptly report for duty (on time)? (Not excessively absent)	S	8. Demonstrate competency in water safety skills?	S
2. Obeys workplace rules and regulations?	I	9. Demonstrate competency in first aid Skills?	S
3. Perform assigned duties? Participates in in-service and meetings	S	10. Demonstrate knowledge of lifeguard principles and techniques?	S
4. Wears uniform properly and appropriately?	S	11. Demonstrate competency in swimming and endurance skills?	S
5. Initiative Ability to act on his/her own and take the lead.	S	12. Communicate with the public with tactful yet positive results?	I
6. Cooperate with fellow staff?	S	13. Accept authority and responsibility?	S
7. Physical Condition: Commensurate to the job?	S	14. Adequately handle emergencies? (Shows good judgement)	S

For ALL UNSATISFACTORY explanation must be given.

### **CAPTAIN/LIEUTENANT COMMENTS:**

N is a good team player. Would like to see N maturing a little more and taking a greater initiative on the deck. Needs to make sure during operating hours that N follows the rule that we enforce. Ensure when speaking to patrons N focuses and says what N has to say in a assertive yet tactful manner.

[Signature]  
Signature of evaluator

Captain  
Title of evaluator

08/23/2022  
Date

### **EMPLOYEE REMARKS:**

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

Signature acknowledges that this evaluation was seen by the Lifeguard but does not mean the Lifeguard agrees with this evaluation.  
If additional space is needed for remarks, please use additional sheets which should be signed by all parties.

# LIFEGUARD EVALUATION

## End of Season

NAME: N Vega Facility: Sprain  
 (First) (Last)

**PERFORMANCE INDICATORS:** S = Satisfactory I = Improvement needed U = Unsatisfactory

### PERFORMANCE FACTORS

Does this Lifeguard:	Rate	Does this Lifeguard:	Rate
1. Promptly report for duty (on time)? (Not excessively absent)	S	10. Wear the uniform properly?	S
2. Obey workplace rules and regulations?	S	11. Adequately handle emergencies? (Shows good judgement)	S
3. Communicate with the public tactfully creating positive results?	I	12. Demonstrate competency in water safety skills?	S
4. Perform assigned duties? (Participates during in-service and meetings)	S	13. Demonstrate competency in first aid skills?	S
5. Accept authority and responsibility? (Applies rules and regulation consistently)	S	14. Cooperate and show respect to fellow lifeguards, officers, recreation attendants, and facility management?	I
6. Show initiative? (Ability to act on his/her own and take the lead.)	S	15. Demonstrate knowledge of lifeguard principles and techniques?	S
7. Maintain physical conditioning commensurate with the demands of the position?	S	16. Demonstrate competency in swimming and endurance skills?	S
8. Know all whistle drills?	S	17. Have a positive attitude?	S
9. Work well with other lifeguards on the Team?	S	18. Know where all the equipment is located? (first-aid book, certification binder, binder with incident reports and daily logs)	S

Number of write ups? 1

Years worked? 3

Vacations taken? 0

Number of saves? 3

Last day of work: Labor Day

Number of call outs: 0

Number of latenesses 0

How many times sent to other facilities? 5

## LIFEGUARD EVALUATION REPORT PAGE 2

Year-end summary (taking into account first evaluation): Improvements/lack of improvements/new issue(s)

Lieutenant's Summary: N [redacted] is excellent just needs to work on professionalism.

Captain's Summary: \_\_\_\_\_

Employee Comments: \_\_\_\_\_

If additional space is needed for remarks, please use additional sheets which should be signed by all parties on the additional sheets. Additional sheets used? Yes: \_\_\_\_ No: \_\_\_\_

Print Captain's Name

Tristen C

Print Lieutenant Name

N [redacted] Vega

Print Employee's Name

Signature of Captain

Tristen C

Signature of Lieutenant

[redacted]

Signature of Employee

Date

9/4/23

Date

9/4/23

Date

(Signature acknowledges that this evaluation was seen by the Lifeguard, however, it doesn't mean the Lifeguard agrees with the content).

## **LIFEGUARD EVALUATION REPORT PAGE 3**

**(Below is for Management Staff Only)**

-----  
**Is Candidate Eligible for Rehire? Yes: \_\_\_ No: \_\_\_ briefly support your answer:**

---

---

**Is this person eligible for a pay increase? \_\_\_\_\_ Yes: \_\_\_ No: \_\_\_ briefly support your answer:**

---

---

**Should this person be considered for a promotion next season? Yes: \_\_\_ No: \_\_\_ briefly support your answer:**

---

---

**Current Pay Rate: \_\_\_\_\_ Year Hired: \_\_\_\_\_**

**A copy of any evaluation marked as a No Rehire must be sent to the Lifeguard Supervisor or Parks Director.**