

2000 CSLSA Lifeguard Exam Survey

Lifeguard Starting Hourly Pays

Tuscon-	\$7.59 to \$9.74
Lake Mission Viejo-	\$8.25
Santa Barbara-	\$8.50 to \$10.00
Laguna Beach-	\$9.50 to \$12.25
Pismo Beach-	\$9.50
Santa Cruz-	\$9.50
Oakland-	\$9.75 to \$15.35
Solana Beach-	\$10.13
Encinitas-	\$10.43 to \$12.68
Imperial Beach-	\$10.61
Camp Pendleton-	\$10.64
Oceanside-	\$10.66
Del Mar-	\$10.81
Seal Beach-	\$11.00
San Clemente-	\$11.35 (\$11.69 on July 1, 2000.)
Huntington Beach-	\$11.51
Coronado-	\$11.26
California State-	\$11.83
Newport Beach-	\$11.83
Long Beach-	\$11.96
Honolulu-	\$12.21
San Diego-	\$12.58
LA Co. Lakes-	\$13.52 + 2% increase (spring 2000)
LA City-	\$15.77
LA County-	\$17.54

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Lifeguard Exams By Earliest Date

Del Mar-	No exam dates.
Honolulu-	No exam dates
LA Co. Lakes-	2/12, 2/19/00
Tuscon-	3/4, 4/1, 5/6/00
Newport Beach-	3/5--(s), 6/4/00--Ⓞ
Imperial Beach-	3/11, 3/25, 4/8, 4/22, 5/20, 6/3/00--Bonita Cove @ 1100 (SDRLA).
San Diego-	3/11, 3/25, 4/8, 4/22, 5/20, 6/3/00--Bonita Cove @ 1100 (SDRLA).
Solana Beach-	3/11, 3/25, 4/8, 4/22, 5/20, 6/3/00--Bonita Cove @ 1100 (SDRLA).
Huntington Beach-	3/12/00 @ 0800.
California State-	3/14--Hunt., 3/15--Ventura, 3/26--Carlsbad, 3/29/00--Manresa @ 0900.
Laguna Beach-	3/19/00 @ 0900.
San Clemente-	3/25, 4/29/00 @ 0800.
Oakland-	3/31/00 (apply by).
Long Beach-	4/1/00
Oceanside-	4/1/00 @ 0800.
LA City-	4/8/00
Pismo Beach-	4/8, 4/12/00 @ 0800- Pismo Pier.
Santa Barbara-	4/8, 4/29/00 @ 0930.
Mission Viejo-	4/22/00
Santa Cruz-	4/22/00 @ 0900.
Encinitas-	4/23/00 @ 0800, 5/29/00 @ 1000.
Capitola-	Easter week (TBA).
Camp Pendleton-	4/29, 5/6/00-- Del Mar Base Beach @ 0800.
Coronado-	4/29, 6/3/00
Seal Beach-	5/20/00
La County-	9/23/00 (for 2001 summer season).



California Surf Lifesaving Association

Southwest Region - United States Lifesaving Association

PO Box 366 - Huntington Beach, California 92648

World Wide Web: www.cslsa.org

To: CSLSA Chapters, Lifeguard Agencies
 From: Vincent N. Lombardi III, Recurrent Representative
 Date: 4/27/00
 Subject: Survey, Emergency Services Directory~2000

Steve Long
President

Don Rohrer
Vice President

Mike Beuerlein
Secretary

Bob Moore
Treasurer

William Richardson
Past President

Vincent N. Lombardi III
Recurrent Representative

Mike Bartlett
First Executive Delegate

Rob McGowan
Second Executive Delegate

B. Chris Brewster
Alternate Executive Delegate

Surveys are being compiled for the Emergency Services Directory~2000, so that information relevant to lifeguard agencies and lifeguard associations can be updated. Below is a survey that will be posted in the new emergency services directory. Please fill out the information to the best of your ability, and include any information relevant to your department. If you have any questions, call me @ 760.434.7910, 520.438.2575 (fax). Send the completed information to: v3cpls@msn.com, or mail it to: Pendleton Coast Lifeguard Association PO Box 4662 Oceanside, Ca. 92052

Emergency Services Directory~2000

Agency: _____

Address: _____

Association: _____

Phone Numbers: _____

Emergency: _____

Dispatch- _____

Business- _____

Fax- _____

Jr. Lifeguard- _____

Weather- _____

Website(s)- _____

E-mail(s)- _____

Areas of operation: _____



United States Lifesaving Association

MID-ATLANTIC REGIONAL COUNCIL

The United States Lifesaving Association is in the process of compiling data for the publication of an Emergency Services Directory. The goal is to have all open water agencies represented in this directory. Our first effort is to gather information from all existing chapters and the agencies they represent. After obtaining this initial data, we will reach out to fill the gaps and make contacts with new agencies within all the states.

I ask that everyone help by filling out the attached form and also passing it along to other chapters and agencies.

Charlie Hartl
Membership Liaison
PO BOX 1
AVON BY THE SEA NJ 07717-0001

Fx: 732-502-0354
Email: guard4life@aol.com

USLA.ORG

DIRECTORY DATA INPUT SHEET

Agency Name: _____

Headquarters

Address: _____

City: _____

St: _____

Zip: _____

Emerg. Ph#: _____

County: _____

Training Standard: _____

Areas of Operations:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Mailing

Address: _____

City: _____

St: _____

Zip: _____

Bus. Ph#: _____

Department: _____

Season: _____

Chapter

Affiliation: _____

- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____
- 17 _____
- 18 _____
- 19 _____
- 20 _____

Services: (check all that apply)

<input type="checkbox"/> Ocean Rescue	<input type="checkbox"/> Pool Rescue
<input type="checkbox"/> Inland Water Rescue	<input type="checkbox"/> Bay Rescue
<input type="checkbox"/> Swift Water Rescue	<input type="checkbox"/> River Water Rescue
<input type="checkbox"/> First Aid	<input type="checkbox"/> Coastal Cliff Rescue
<input type="checkbox"/> Haror Patrol	<input type="checkbox"/> Scuba Diving Accidents
<input type="checkbox"/> House Emergencies	<input type="checkbox"/> Rescue Boat
<input type="checkbox"/> Underwater Search & Rescue	<input type="checkbox"/> Highway Accidents
<input type="checkbox"/> Water Safety Education	<input type="checkbox"/> Helicopter Medical Evaluations
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Ocean & Harbor Fire Suppression
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Please Send Forms to:

CHARLIE HARTL
 DIRECTORY INPUT
 PO BOX 1
 AVON NJ 07717-000

Email: guard4life@aol.com
 Fax: (732) 502-0354



DIRECTORY DATA INPUT SHEET INSTRUCTIONS

Please fill in as much of the form as possible. If you have additional information please place it on the back of the form and annotate the front. Most items are self-explanatory. Headquarters and mailing addresses may be the same. If your operation is seasonal the mailing address and business phone # will be considered your winter contact information.

- **DEPARTMENT:** Assigned governmental department
- **TRAINING STANDARD:** USLA, Red Cross, YMCA, or other
- **SEASON:** State year round or enter seasonal dates
- **CHAPTER AFFILIATION:** USLA Chapter
- **AREAS OF OPERATIONS:** Name of beaches, bays, rivers, lakes, and other areas covered
- **SERVICES:** Check all that apply and add other services not listed
- **ADDITIONAL INFORMATION:** Please add any information on back as needed

Please return completed
form to:

Charlie Hartl
PO Box 1
Avon By The Sea NJ 07717-0001

Fax: (732) 502-0354
E-mail: guard4life@aol.com