



5120 Franz Rd. Ste 700
Katy, TX 77493
832-701-SWIM(7946)

EMPLOYEE REFERRAL FORM

Name: _____

Phone Number: _____

Email: _____

Lifeguard(s) that you referred:

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

Name: _____

Phone Number: _____

Email: _____

Date of class: _____

I understand that in order to receive my \$50/lifeguard referral bonus at the end of the season, the following requirements must be met:

- The person(s) referred must fill out a Referral Flyer with the referrer name on it and turn in with application.
- The person(s) referred must complete a Lifeguard & CPR/AED training with Swim Houston.
- The person(s) referred must work a total of at least 100 hours throughout the season.
- The person(s) referred must be in good standing with Swim Houston (i.e did not get fired, less than 3 write ups).
- I will need to fill out this referred form within 2 weeks after the referee completed their application.

Signature: _____

Date: _____

FOR OFFICE ONLY:

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____

Name: _____ Pool: _____ Approved: _____ Denied: _____ Paid: _____