

CASCADE MOUNTAIN SKI PATROL APPLICATION

DATE SUBMITTED: _____ DOB: _____ MALE: _____ FEMALE: _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ SKI/RIDER CERTIFICATIONS: _____

SKI PATROL EXPERIENCE: _____

FIRST AID/EMT EXPERIENCE: _____

MEDICAL CERTIFICATIONS: _____

ARE YOU A (CHECK ALL THAT APPLY) SKIER _____ SNOWBOARDER _____

PLEASE RATE YOUR ABILITY

NOVICE _____ INTERMEDIATE _____ ADVANCED _____ EXPERT _____

HOW MANY TIMES PER YEAR DO YOU SKI? _____

WHICH SHIFTS ARE YOU WILLING TO WORK? (CHECK ALL THAT APPLY)

SUNDAY DAY		MONDAY NIGHT		THURSDAY DAY	
SUNDAY NIGHT		TUESDAY DAY		THURSDAY NIGHT	
SATURDAY DAY		TUESDAY NIGHT		FRIDAY DAY	
SATURDAY NIGHT		WEDNESDAY DAY		FRIDAY NIGHT	
MONDAY DAY		WEDNESDAY NIGHT			

HOW DID YOU FIND OUT ABOUT CASCADE MOUNTAIN SKI PATROL?

WHY DO YOU WANT TO JOIN CASCADE MOUNTAIN SKI PATROL?

QUESTIONS/RETURN FORM TO

join@cascademountainsskipatrol.com