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Please write your full name on every page. Please print legibly or type in your responses.



Application for Bike Patroller Training Program

Mt. Hood Ski Patrol | 866-828-9205 | mhsp@onebox.com

CONTACT INFORMATION (Print Clearly)

Preferred Name	
Street:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Email:	

Applying for: Bike Patrol		Ability: Advanced Intermediate Beginner
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How many years have you mountain biked? _____

How many days do you usually mountain bike in a season? _____ How many days last year? _____

<input type="checkbox"/> Yes, I am available, in Portland, every Tuesday, Sep 15, 2020 -Jan 19, 2021 for OEC class 6:30PM - 10PM (with additional weekends as scheduled). Any known conflicts?
<input type="checkbox"/> Yes, I am available, most Saturdays or Sundays, 7/1/2020 - 9/30/2020 for on hill training 8AM - 5PM. Any known conflicts?
Why Do You Want To Join MHSP Bike Patrol? (Feel free to use reverse side for additional space)

VOLUNTEER HISTORY

Organization:			
Dates		Positions	
Describe responsibilities, activities and leadership roles:			

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Check here if you have additional volunteerism and list details on the reverse of this page.

RESCUE OR OUTDOOR EXPERIENCE

What are your other outdoor or athletic activities?

Do you have any previous experience with ski or bike patrol, first aid, first responder or search and rescue?

PATROL BACKGROUND

Have you ever been a patroller or host before? (Select all that apply) No Volunteer Paid

Member of NSP? Yes No | If Yes, complete next four rows

NSP Patroller Class: Alpine Auxiliary Nordic Host Bike

NSP Number:

Patrol Name and State:

Dates patrolled:

What would you like to share about your previous patrol experiences:

Do you have friends or family who are current or former members of MHSP? Yes No

Names/Relationship

Do you have friends of family on another patrol? (Describe)

MEDICAL

Medical Credentials: *(Not required)*

MD/DO	Paramedic/EMT	Other <i>(Specify)</i>
RN, NP, PA,		
MA, CNA, Imaging/Lab Tech		
State Certification _____		Expires _____

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Are you currently working in health care or EMS? Please Describe.

EMPLOYMENT HISTORY

Check here if continued on back of page

Company Name:		Position/Duties:
City/State:		
Dates:		

Company Name:		Position/Duties:
City/State:		
Dates:		

Company Name:		Position/Duties:
City/State:		
Dates:		

EDUCATION

School	Degree/Major	Year Last Attended
High School		
College		
Other		

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OTHER (Circle Yes or No; and provide Approximate Date for any marked as Yes)

Have you ever been convicted of a felony crime? Yes or No Approximate Date:
Have you been convicted of a misdemeanor crime in the past five years? Yes or No Approximate date:
Have you ever been arrested for a child abuse crime? Yes or No Approximate date:
Have you ever been arrested for a sexual abuse crime? Yes or No Approximate date:
Is there anything else we should know about you? Yes or No If so, feel free to add to reverse side of page.
Has a restraining order ever been issued against you? Yes or No Approximate date:

The above is true to the best of my knowledge. I understand that this application is just one part of being accepted as an apprentice patroller and that full membership will be granted only upon successful completion of the apprentice program. I am or will be at least 18 years of age before the start of training. I understand that if I am offered a contingent apprentice position, it will contingent on completing a background check. A background investigation will be completed after a conditional offer has been made to you to join the Mt. Hood Ski Patrol.

Signature

Date