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



Application for Apprentice 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: Hill Alpine Patrol (Includes Toboggan Training) Associate Patrol (Excludes Toboggan Training) Nordic Patrol (Cross Country)	Snowsport Discipline: (Your strongest) Alpine Telemark Snowboard Nordic Classic/Cross Country	Ability: Advanced Intermediate Beginner
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How many years have you skied/ridden? _____

How many days do you usually ski/ride in a season? _____ How many days last year? _____

Yes, I am available, in Portland, every Tuesday, Sep 15, 2020-Jan 19, 2021 for OEC class 6PM - 10PM (with additional weekends as scheduled). Any known conflicts?

Yes, I am available, every Sat or Sun, Dec 1, 2020-April 30, 2021 for on hill training 6AM - 5PM Any known conflicts?

Why Do You Want To Join MHSP? (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 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

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 ski 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 at my own expense. A background investigation will be completed after a conditional offer has been made to you to join the Mt. Hood Ski Patrol.

Signature

Date