



# Ausblick Ski Patrol

## Patroller Application Form

The following application is to be completed by all applicants for membership and returned prior to undertaking a Skiing or Boarding Clinic and Assessment. Please type or print when completing.

I am applying for:  New Ausblick Patroller  
 Former Patroller desiring to regain Patroller status  
Years patrolled: \_\_\_\_\_ - \_\_\_\_\_ Where: \_\_\_\_\_  
 Transferring Patroller from: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Print last name, first name, middle name

Name you prefer to be called / Nickname: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Best number to call you:  Home  Cell  Work

Personal Email Address: \_\_\_\_\_

Alternate (work) Email Address: \_\_\_\_\_  
Which Email do you prefer to receive mail at?  Personal  Work  Both

Are you currently on the Ausblick, Inc. waiting list?  Yes  No If Yes, since when: \_\_\_\_\_

Are you an Ausblick, Inc. member?  Yes  No If yes, since when: \_\_\_\_\_

Which discipline(s) do you wish to Patrol:  Alpine  Snowboard  Telemark

Describe your skiing experience and any involvement in the Ausblick Ski Club.

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Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_



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Name: \_\_\_\_\_

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## Family Information (Optional)

Spouse's name: \_\_\_\_\_ Name spouse prefers to be called: \_\_\_\_\_

Children:

1. _____	Age: _____
2. _____	Age: _____
3. _____	Age: _____
4. _____	Age: _____
5. _____	Age: _____

## Patroller & Skiing Information

I rate my skiing abilities as follows (skiing ability will be verified)

Alpine (Downhill) Skiing:

Beginner  Adv. Beginner  Intermediate  Advanced  Expert

Snowboarding:

Beginner  Adv. Beginner  Intermediate  Advanced  Expert

Telemark:

Beginner  Adv. Beginner  Intermediate  Advanced  Expert

## Medical Education Information

Do you hold a current American Heart Association CPR card?  Yes  No

Are you a Wisconsin State licensed First Responder, EMT, Paramedic, Nurse or Physician?

No  Yes If yes, indicate which level of care and license numbers.

## Transferring Patroller

Current NSP Number: \_\_\_\_\_ Current Patrol Affiliation: \_\_\_\_\_

Year Joined NSP: \_\_\_\_\_ Current Patrol Level  Patroller  Senior  Certified

Instructor Cards Held:

<input type="checkbox"/> AHA CPR	<input type="checkbox"/> Chair Evac.	<input type="checkbox"/> PSIA Level _____
<input type="checkbox"/> Toboggan	<input type="checkbox"/> OEC	Past Patrol Leadership _____

**You must provide a letter of recommendation from your past Patrol Representative.**



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Name: \_\_\_\_\_

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## Special Talents & Expertise

I consider the following as my special talent or expertise:

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## Character Information & References

Have you ever been convicted of, or have any pending felony or misdemeanor offenses against you in Wisconsin or in any other state at this time?  Yes  No

If yes, on separate pages, list each offense and provide the following information for each offense: Copies of police reports, criminal complaint or information, judgment of conviction and sentence, verification of your compliance with all the terms of each sentence, including chemical dependency assessments (if ordered by the court) and verification of your compliance/completion of probation or parole.

I have a criminal record but would request the opportunity to present information to the appropriate officer to explain the circumstances.

I authorize the Patrol Representative or Legal Counsel of the Ausblick Ski Patrol to check my references and confirm this information with any law enforcement agency. This document is to be considered a waiver of the privacy act and authorizes the release of criminal history record information. All such information will remain confidential and will be used only by the Ausblick Ski Patrol and National Ski Patrol to process this application.

Do you know any current members of the Ausblick Ski Patrol?  Yes  No

If yes, please list: \_\_\_\_\_

Do you know any employees of the Ausblick Ski Area?  Yes  No

If yes, please list: \_\_\_\_\_

References (not relatives or present employer):

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_



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Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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## Application Agreement

I hereby apply for membership in the Ausblick Ski Patrol program. I understand that when accepted into the program, if not already an Ausblick, Inc. member or on the waiting list, must immediately submit an Ausblick, Inc. membership application along with the current non-refundable \$200 application fee (2011/12). By submitting the application and fee I understand that I will be added to the Ausblick, Inc. membership waiting list. When my name is accepted, I then agree to pay the current initiation fee of \$700 (2011/12) and become an Ausblick member in good standing. If I do not pass training to become a Patroller, my name will remain on the waiting list and the \$200 application fee is not refundable.

I further understand that by completing this application for the Ausblick Ski Patrol, it in no way guarantees me acceptance. I understand that my name will be added to the pool of applicants available for management to select from. I also understand that my skiing skills and physical ability will be evaluated to discern my level of ability as it relates to performing Ski Patroller duties to the standards of the National Ski Patrol, Ausblick Ski Patrol and Ausblick, Inc. management. If I am transferring from another patrol, I must demonstrate competence at the level of which I am registered. I understand my status as an Ausblick Ski Patroller can be terminated at any time for cause, spelled out in the Ausblick Ski Patrol Bylaws. My Ausblick, Inc. membership (whether as a full member or on the waiting list) and my certification by the National Ski Patrol will not be effected by this termination.

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM SELECTED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form to: Ausblick Ski Patrol Representative – P.O. Box 207, Sussex, WI 53089  
If you have any further questions or need more information, visit [www.ausblickskipatrol.org](http://www.ausblickskipatrol.org) or call (262) 246-3090 and ask for the current Patrol Representative.

Received by: \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
Patrol Representative signature



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