

Ausblick Ski Patrol – Patroller Application Form

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

Date Completed: _____

- I am applying for:
- New candidate for Basic Patroller
 - Former Patroller desiring to regain Patroller status
Years patrolled: _____ Where: _____
 - Transfer Patroller from: _____ Ski Patrol
Years patrolled: _____ Current NSP# _____

Candidate Personal Information

Name: _____
Print last name, first name, middle name

Name you prefer to be called / Nickname: _____

Birthday: ____ / ____ / _____ Age: ____

Home Address: _____

Telephone Numbers: Home: (____) _____ - _____
Cell: (____) _____ - _____
Work: (____) _____ - _____

What is the best number to call you at? Home Cell Work

Personal email address: _____

Alternate (work) email address: _____

Which email do you prefer to receive mail at? Personal Work Both

Are you an Ausblick member? Yes No If yes, since when: _____

Are you currently on the Ausblick Inc. Waiting List? Yes No If Yes, since when: _____

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

Occupation/Education: _____

Employer: _____

Employer Address: _____

Name: _____

Family Information (Optional)

Name of Spouse: _____ Name your 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

I desire the: Full Outdoor Emergency Care Course (1 night a week, July – November)
 Condensed Course (must be doctor, nurse or EMS trained)

CPR Certification (must be current): Yes No By what agency: _____

Emergency Medical Technician Certifications:

First Responder State: _____ Date Expires: ____ / ____ / ____
 Basic State: _____ Date Expires: ____ / ____ / ____
 Intermediate State: _____ Date Expires: ____ / ____ / ____
 Paramedic State: _____ Date Expires: ____ / ____ / ____
 Other: _____

Please list all medical degrees or certificates held:

Medical Doctor State: _____ Specialty: _____
 Registered Nurse State: _____ _____
 Physicians Assistant State: _____ _____
 LPN State: _____ _____
 Other _____

List all EMS agencies of which you are currently a member or other first aid training:

Name: _____

Special Talents & Expertise

I consider the following as areas of special talent or expertise:

Why do you want to become a member of the Ausblick Ski Patrol? Have you known a patroller or been introduced to the program? What do you hope to gain from becoming an Ausblick patroller and how will the training help you? What do hope to contribute to the Patrol?

Character Information & References

[] I hereby certify that I have never been convicted of a felony or a crime involving theft, perjury, battery, child abuse, or any other offense involving sexual matters.

[] 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 Director 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.

I give the following character references:

Name: _____ Home Phone: (_____) _____ - _____
Address: _____ Work Phone: (_____) _____ - _____
Relationship: _____

Name: _____ Home Phone: (_____) _____ - _____
Address: _____ Work Phone: (_____) _____ - _____
Relationship: _____

Name: _____

Emergency Contact Information

In the event of an emergency please contact:

Name: _____ Relationship: _____
Phone: (____) ____ - _____ Phone # (____) ____ - _____

Name: _____ Relationship: _____
Phone: (____) ____ - _____ Phone # (____) ____ - _____

Doctor's Name: _____ Phone # (____) ____ - _____

Medical Insurance: _____ Policy # _____

Please list all medical problems or allergies:

Application Agreement

I hereby apply for membership in the Ausblick Ski Patrol program. I understand that when accepted into the program I must immediately submit an Ausblick, Inc. membership application along with the current non-refundable \$200 fee (2009/10). By submitting the application and fee I understand that I will be added to the Ausblick Inc. waiting list. When my name is accepted, I then agree to pay the current initiation fee of \$700 (2009/10) and become a regular Ausblick member. If I do not pass training to become a Patroller, my name will remain on the waiting list and the \$200 application 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 regards 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. If accepted as a candidate and passing training to become certified, my status as an Ausblick Ski Patroller can be terminated at any time for any reason. 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.

Signature of Candidate: _____ Date: _____

Mail completed application to: Ausblick Ski Patrol Director – P.O. Box 207 – Sussex – WI 53089

If you have further questions or need more information, visit www.ausblickskipatrol.org or call (262) 246-3090 and ask for the current Patrol Director or email patroldirector@ausblick.org