



Mount Kato Ski Patrol Candidate Application

Date	/	/
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When finished with this application please mail to:
Mount Kato Ski Patrol
Attn: Dennis McCoy
P.O. Box 237
Lake Crystal, MN 56055

Full Name

Date of Birth	/	/
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Phone Number (primary)	()	-	ext.
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Phone Number (secondary)	()	-	ext.
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Occupation

Local Address

Address

City

State	Zip
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Home Address (if different from Local)

Address

City

State	Zip
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Email Address

Are you a current member of the National Ski Patrol? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, previous Patrol name?	NSP Number
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Why do you want to join the Ski Patrol?

List other activities outside of skiing:
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LIST CURRENT FIRST AID CERTIFICATION(S):

- Advanced First Aid** Expires ____ / ____ / ____
- First Responder** Expires ____ / ____ / ____
- EMT (B or I)** Expires ____ / ____ / ____
- Paramedic** Expires ____ / ____ / ____
- Advanced First Aid** Expires ____ / ____ / ____
- American Heart CPR** Expires ____ / ____ / ____ Certification Rec'd _____
- American Red Cross CPR** Expires ____ / ____ / ____ Certification Rec'd _____

Are you an instructor of any of the above courses? No Yes

If yes, which? (Please list any other emergency care certifications you hold and the expiration date.)

Have you ever been involved in any litigation against a ski area? No Yes

If yes, please summarize?

Have you ever been convicted of a crime? No Yes

If yes, please summarize?

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Mount Kato Ski Patrol to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Mount Kato Ski Patrol will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Mount. Kato Ski Patrol's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my volunteer application will not be processed further.

_____/_____/_____
Signature of Candidate Date

_____/_____/_____
Candidate's Name – Printed Date