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|  | Kissing Bridge Ski Patrol  Candidate Application |

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| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| date of birth: |  | social security number: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| home phone: |  | CELL phone: |  |

|  |  |
| --- | --- |
| EMAIL: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| OCCUPATION: |  | WORK PHONE: |  |

|  |  |
| --- | --- |
| PLACE OF BUSINESS: |  |

**First Aid Information**

1. Do you have any first aid/emergency care certifications or instructor status?

**Yes  No**

|  |  |
| --- | --- |
| If yes, please elaborate |  |

1. Have you had practical medical experience?

**Yes  No**

|  |  |
| --- | --- |
| If yes, please elaborate |  |

**Snow Sports Experience**

|  |  |  |
| --- | --- | --- |
| Alpine (downhill) skiing | years | times per year |
| Telemark skiing | years | times per year |
| Snowboard | years | times per year |

**Additional information**

Have you been a Ski/Snowboard Instructor, member of a Racing Team, taken Ski/Board lessons?

**Yes  No**

|  |  |
| --- | --- |
| If yes, please elaborate |  |

**Other**

1. Please list hobbies, organized sports, teaching experience, other training, etc.

|  |
| --- |
|  |

1. After the training year will you be available to Patrol during the day on weekdays?

**Yes**  **No**

1. Have you ever been an employee of Kissing Bridge?

**Yes  No**

|  |  |
| --- | --- |
| If yes, in what capacity? |  |
| What was your reason for leaving? |  |

1. Why do you want to join the Patrol?

|  |
| --- |
|  |

1. Did anyone refer you to the Patrol?

|  |
| --- |
|  |

Thank you for your interest in the Kissing Bridge Ski Patrol. We will contact you with the date of our first meeting.

Return this completed application to:

Diane Smith

Patrol Director

Kissing Bridge

12617 Vaughn St.

East Concord, NY 14055