

APPLICATION FOR CRATER LAKE NATIONAL PARK VOLUNTEER SKI PATROL

NAME _____

ADDRESS _____ CITY _____

PHONE (Home) _____ (Work) _____ (Cell) _____

Occupation _____ E-mail _____

Medical Conditions _____

Emergency Contact Name and Number _____

How did you find out about the ski patrol? _____

Briefly describe your winter experience (include number of years of the following: Nordic, Telemark, Downhill skiing, snowshoeing, snowmobile, winter survival, and formal classes or life experience in the above.)

Other than winter experience what is your experience in the wilderness. _____

Please list other Nordic/Alpine patrols you have served with and the dates affiliated with them:



Emergency Services: List certifications you currently hold. Ex: CPR, first aid, EMT, etc.

Why are you interested in the Crater Lake Ski Patrol?

Please use additional space to expand on any of the above or for further comment.

Signed _____ Date _____
Received _____
