



Spring Mountain Ski Patrol Volunteer Application

Date_____

New volunteer Previous patroller Transfer patroller

Name_____ Birth Date_____

Parent/Guardian (if under 18yrs of age)_____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

Email_____

Education_____

Employer_____

May we call you at work? Yes No Work Phone_____

Type of skier/rider:

Alpine Skier Telemark Skier Snowboarder

Skiing/Riding ability:

Beginner Intermediate Advanced

Years of skiing/riding experience_____

Volunteer Application



Previous Patrol (if applicable) _____

Previous volunteer experience (include name of agency) _____

Previous ski area work experience (include name of area) _____

Previous EMS experience (include name of agency, rating and state#) _____

Previous Spring Mountain employment (include dates) _____

Physical limitations _____

Volunteer Application



References: Please list two personal references (not related to you). Transfers from other patrols must list the prior Patrol Director as one reference.

1. _____
Name Company Phone Relationship

2. _____
Name Company Phone Relationship

CERTIFICATION/AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE. I AUTHORIZE THEM TO PROVIDE ANY AND ALL INFORMATION CONCERNING ANY EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE THEM FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I AUTHORIZE A BACKGROUND CHECK IF DEEMED NECESSARY. I FURTHER CERTIFY THAT IF ACCEPTED AS A VOLUNTEER, I WILL PARTICIPATE IN ALL NECESSARY TRAINING AND MEET ALL NECESSARY COMMITMENTS REQUIRED TO BE A MEMBER IN GOOD STANDING."

Signature of applicant Date

Signature of parent or guardian if under 18 years of age Date

Mail completed application to:

Or scan and email to:

Or give application to:

Spring Mountain Ski Patrol
10 East Seventh Street
Lansdale, PA 19446

ediver1113@aol.com
or
skimedic1@comcast.net

Ed Mauze
or
Hank Jansen 215-527-4135