



Ski Patrol

Patroller Application

Name: _____

Date of Birth: _____

Address: _____

Cell Phone #:(_____)_____

City, State, Zip: _____

Work Phone #:(_____)_____

E-Mail: _____

Please rate your skiing/riding ability: ____ Intermediate ____ Advance ____ Expert ____ Pro

How many years have your skied/boarded? _____

Are you a current Ski Patroller? Yes / No

If yes, what mountain are you registered with? _____

Also, what is your patrol status? ____ Patroller ____ Senior ____ Certified

Why do you want to be a Ski Patroller?

Do you have any first aid/medical qualifications and training that might relate to Ski Patrolling?
(for example: past ski patrol experience, EMT, First Responder, Fire Fighter, CPR, RN, LPN, etc.)

Are you age 15 or older? Yes ____ No ____

Do you have a valid driver's license? Yes ____ No ____ if yes, license # _____

Have you ever been convicted of a crime? Yes ____ No ____

If YES, explain,

A YES answer does not disqualify you from membership. The offense will be taken into consideration and evaluated.

List three personal references with phone numbers:

1. _____ ph. # _____

2. _____ ph. # _____

3. _____ ph. # _____

I certify that the information as stated above is true and accurate and any falsification of information could disqualify me from joining the Ski Patrol.

Signature

Date

Please mail to:

OR...

- hand deliver to Ski Patrol Building

Greek Peak - Ski Patrol Leader

c/o GREEK PEAK SKI RESORT
2000 NYS Route 392
Cortland, NY 13045

- scan and e-mail to,
SkiPatrol@GreekPeakMtnResort.com