

Application for NSP Certified Patroller

| |
|---------------------|
| Division Office Use |
| Certified Number |

Date _____ Division _____
Name _____ NSP Registration Number _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone (_____) _____
Occupation _____

Is this: (Check one)

New Application _____ Reactivation _____ PSPA Reciprocity _____
NSP Cert # _____ PSPA Cert # _____

Patrol History (List most recent first)

Patrol Name _____ Location _____
From _____ To _____ Pro _____ Volunteer _____
Patrol Name _____ Location _____
From _____ To _____ Pro _____ Volunteer _____
Patrol Name _____ Location _____
From _____ To _____ Pro _____ Volunteer _____

(Check appropriate items)

Senior _____ Senior Ski and Toboggan Instructor _____ Senior OEC _____
Basic Avalanche _____ Basic Ski Mount. _____ Adv. Avalanche _____ Adv Mount. _____
OEC Instructor _____ CPR Instructor _____ EMT Trained _____ EMT Instructor _____

Additional _____

List OEC, Ski and Toboggan, or other related activities during the last few years.

Instructor Qualifications & Experience (Describe & Document)

Leadership Training and Experience (Describe):

Ski Resort Management & Ski Patrol References:

Name _____ Management Position _____

Ski Resort Name _____ Phone (_____) _____

Address _____

Name _____ Management Position _____

Ski Resort Name _____ Phone (_____) _____

Address _____

Have you ever been involuntarily terminated (fired), or been requested to resign in lieu of being involuntarily terminated, as either a paid or volunteer ski patroller, or other employee, of any ski resort? _____ If so, please fully explain the circumstances, place(s), name(s), address(es), telephone number(s) and your present belief as to what each other person involved would probably say about each such incident.

I certify that the entries made by me herein, and on any pages attached hereto, are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this application, or omission of a material fact, can result in denial of NSP Certification or subsequent revocation thereof.

Applicant Signature

NSP Reg. Number

Date

I have reviewed the Certified Program objectives with the applicant and recommend him/her for participation in the program.

Certified Patroller

Certified Number

Date