



Kissing Bridge Ski Patrol Candidate Application

DATE: _____

NAME: _____

DATE OF
BIRTH: _____

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 _____

2. 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.

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

Yes **No**

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

Yes **No**

If yes, in what capacity? _____

What was your reason for leaving? _____

4. Why do you want to join the Patrol?

5. 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
10296 State Rd.
Glenwood, NY 14069