

# Kissing Bridge Ski Patrol Candidate Application

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

## First Aid Information

1. Do you have any first aid certifications, or instructor status? \_\_\_\_\_

\_\_\_\_\_

2. Have you had practical medical experience? \_\_\_\_\_

\_\_\_\_\_

## Experience

1. Alpine (downhill) years \_\_\_\_\_ Frequency \_\_\_\_\_ Times/Year \_\_\_\_\_

2. Snowboard.....years \_\_\_\_\_ Frequency \_\_\_\_\_ Times/year \_\_\_\_\_

## Your assessment of ability

Intermediate \_\_\_\_\_ Advanced Intermediate \_\_\_\_\_ Expert \_\_\_\_\_

Additional information: Instructor, Racing, Ski/Board lessons, When, Where, Duration \_\_\_\_\_

## Other

1. Hobbies, organized Sports, Teaching, Training. Etc.. \_\_\_\_\_

\_\_\_\_\_

2. After training year will you be available to Patrol during the day? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Hav you ever been an employee of Kissing Bridge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes – what capacity \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

Thank you for your interest in the Kissing Bridge Ski Patrol. We will contact you with the date of our first meeting.

Return this Application to: Diane Smith  
Patrol Director  
Kissing Bridge  
10296 State Rd.  
Glenwood, NY 14069