



# Mt. Baker VOLUNTEER Ski Patrol New Applicant Aid Room Application Form

2020-21



## General Information

Full Name:		Date of Application:	
Street Address:	City:	State:	ZIP:
E-mail:		Cell Phone #: ( )	
Date of Birth:		On-Mtn Contact Phone #: ( )	
<small>(Birthdate optional for possible National Ski Patrol Registry)</small>			
Referred By:			
Are you currently working in the medical field? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where Employed:			
Are you in good standing with your licensing board? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Medical Training - Complete Appropriate Section

**PHYSICIAN**

Are you an active board certified ER Physician?  Yes  No Do you have current CPR?  Yes  No  
Exp. Date: \_\_\_\_\_

Do you have current ATLS? Exp. Date: \_\_\_\_\_  Yes  No Other pertinent licenses or training: ?

Do you have current ACLS? Exp. Date: \_\_\_\_\_  Yes  No

Have you completed cardiac lifepacks, intubating, king tube, and IV access training or refreshers in the past 6 months?  Yes  No  
If no, you will be required to attend an Aidroom Refresher.

**MID LEVEL PRACTITIONER (PA or NP)**

Do you have current TNCC or equivalent? Exp. Date: \_\_\_\_\_  Yes  No Do you have current CPR?  Yes  No  
Exp. Date: \_\_\_\_\_

Do you have current ACLS? Exp. Date: \_\_\_\_\_  Yes  No Other pertinent licenses or training:

Have you completed cardiac lifepacks, intubating, king tube, and IV access training or refreshers in the past 6 months?  Yes  No  
If no, you will be required to attend an Aidroom Refresher. Please describe any critical care experience you have had within the past 6 months:

<b>Office use only</b>	Date received: By:	Reviewed By:	Approved By Medical Advisor:	Orientation Complete:
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## New Applicant Aid Room Application Form

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### PARAMEDIC

Do you have a current WA State Medic License? Exp. Date: \_\_\_\_\_  Yes  No

Are you in good standing with a WA State approved EMS agency?  Yes  No

Other pertinent licenses or training:

### REGISTERED NURSE

Do you have current TNCC Exp. Date: \_\_\_\_\_  Yes  No Do you have current CPR?  Yes  No  
or equivalent? (describe equivalent)

Exp. Date: \_\_\_\_\_

Do you have current ACLS? Exp. Date: \_\_\_\_\_  Yes  No Other pertinent licenses or training:

Have you completed cardiac lifepacks, king tube, and IV access training or refreshers in the past 6 months? If no, you be required to attend an Aidroom Refresher.  Yes  No

## Additional Information

Available for Aid Room Duty:  Midweek  Weekends

Indicate days available: S M T W Th F Sa

Will you be able to commit to at least 6 aid room shifts for this season?  Yes  No

Patrol Experience:  New Candidate  Transfer From: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in the rejection of this application. I understand and agree that, if offered, my position on the Volunteer Ski Patrol would be at will and may be terminated at any time, without notice and/or without cause. I also understand that copies of my current certification and/or licenses may be requested at anytime.

Legal Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_