



Mt. Baker Volunteer Association VOLUNTEER Ski Patrol New Applicant Aid Room Application Form 2024-2025

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? If no, you will be required to attend an Aidroom Refresher. Yes No

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? If no, you will be required to attend an Aidroom Refresher. Yes No
Please describe any critical care experience you have had within the past 6 months:

Office use only	Date received: By:	Reviewed By:	Approved By Medical Advisor:	Orientation Complete:
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Mt. Baker Volunteer Association
VOLUNTEER Ski Patrol

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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: _____