Mt. Baker Volunteer Association
VOLUNTEER Ski Patrol
New Applicant - Aid Room Application Form
2026-2027

General Information

Full Name:		Date of Application:	
Street Address:	City:	State:	ZIP:
E-mail:		Cell Phone #: ( )	
Date of Birth:		On-Mtn Contact Phone #: ( )	
Referred By:			
Are you currently working in the medical field? ❒ Yes ❒ No Where Employed:			
Are you in good standing with your licensing board? ◯ Yes ◯ No			

Medical Training - Complete Appropriate Section

❒ PHYSICIAN

Are you an active board certified ER Physician? ◯ Yes ◯ No

Do you have current ATLS? **Exp. Date:** _____ ◯ Yes ◯ No

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

Do you have current CPR? ❒ Yes ❒ No

Exp. Date: _____

Other pertinent licenses or training:

❒ 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:

Office use only	Date received: By:	Reviewed By:	Approved By Medical Advisor:	Orientation Complete:

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❒ **REGISTERED NURSE**

Do you have current TNCC or equivalent? (describe equivalent) **Exp. Date:** _____ ◯ Yes ◯ No

Do you have current ACLS? **Exp. Date:** _____ ◯ Yes ◯ No

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

Do you have current CPR? ◯ Yes ◯ No

Exp. Date: _____

Other pertinent licenses or training:

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: _____

Other pertinent scheduling, expereience, and/or additional information:

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 with the Mt. Baker Volunteer Association and/or 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: _____