



PERSONAL INFORMATION Contact information is collected in accordance with the Personal Information Protection Act (PIPA).

Last Name: _____ First Name: _____
 Address: _____ Occupation: _____
 City: _____ Home Tel: _____
 Province: _____ Work Tel: _____
 Postal Code: _____ Cell Tel: _____
 E-Mail: _____ DOB: _____ Age: _____

FIRST-AID CERTIFICATION List any first-aid certifications that you hold, and if possible, their numbers and expiry information.

	Ticket/Certificate #	Current	Expired	Date of Expiry
OEC	_____			_____
OFA-3	_____			_____
CPR "C"	_____			_____
Paramedic	_____			_____
Other	_____			_____
None				

SKIING/BOARDING EXPERIENCE What level of skier/boarder are you, and do you own your equipment?

	Years	Level/Ability				Own Equipment	
		Expert	Advanced	Intermediate	Novice	Yes	No
Downhill	_____						
Snowboarding	_____						
X-Country	_____						

RELATED EXPERIENCE List any other first-aid or volunteer experience that you have gained.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

MOUNTAIN/SHIFT PREFERENCE Tell us where and when you are able to patrol.

	Sat. Only	Sun. Only	Sat. or Sun.	Mid-Week
Grouse (Alpine Skiing)				
Grouse (Snowboarding)				
Cypress (X-Country)				
Cypress (Snowshoe)				

REFERENCES Please provide two contacts who will provide a reference for you.

	Name	Address	Telephone
1)	_____	_____	_____
2)	_____	_____	_____

DECLARATION Please read and sign the application.

I hereby consent to give FASP (First Aid Ski Patrol) permission to contact the references above. Upon acceptance into FASP, I agree to abide by the Constitution and By-Laws of the organization. Furthermore, I will meet and conform to the regulations and expectations of both FASP and the mountain on which I provide patrol service.

Signed: _____ Date: _____

Mailing Address:
 First Aid Ski Patrol
 Attn: Recruiting
 P.O. Box 2651
 Vancouver BC V6B 3W8