



First Aid Ski Patrol  
242 West 17th Avenue, Vancouver, BC, V5Y 1Z8

### Membership Application

#### Contact Information:

Date:

Name:	Occupation:
Home Address:	Mailing Address (if different):
Home Tel:	Date of Birth:
Work Tel:	Age:
Mobile Tel:	Email:

#### Requirements:

First Aid Ski Patrol members are volunteers at either Grouse Mountain or Cypress Nordic (Hollyburn). Members patrol an approximately 8-hour shift either every second Saturday or every second Sunday for the duration of the ski season. Members must attend a minimum of 80% of shifts plus at least 2 shifts on additional event/holiday dates such as Christmas break, Family Day etc.

Patrollers must be a minimum 18 years of age with a current 80-hour first aid certificate (OFA 3, EMR certificate or license, WFR) or for Grouse be a Registered Nurse with emergency room experience. **(ATTACH CERTIFICATES TO APPLICATION FORM)**  
There are a limited number of junior patrols (16-18 years-old) and Mountain Safety (members that assist on the mountain without first aid training) in addition to Ski Patrol members.

All members, except junior patrols, are required to provide a Criminal Record check (including vulnerable persons) prior to the start of the season **(DO NOT INCLUDE A CRIMINAL RECORD CHECK WITH YOUR APPLICATION)**

#### REASON FOR APPLYING:

Why you are applying to be a member of First Aid Ski Patrol?

**FIRST AID AND OTHER EXPERIENCE:**

Describe your previous related experience.

**FIRST-AID/MEDICAL CERTIFICATION:**

Attach Certificates to Application Form

	Ticket/Certificate #	Date of Expiry
<input type="checkbox"/>	OEC	
<input type="checkbox"/>	OFA-3	
<input type="checkbox"/>	EMR/PCP	
<input type="checkbox"/>	WFR	
<input type="checkbox"/>	RN w/ ER Experience	
<input type="checkbox"/>	Other	

**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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboarding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Country		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MOUNTAIN PREFERENCE:**

Tell us where you want to patrol.

Grouse Patrol	<input type="checkbox"/>
Grouse Mountain Safety	<input type="checkbox"/>
Grouse Junior Patrol	<input type="checkbox"/>
Cypress Nordic Patrol	<input type="checkbox"/>

## REFERENCES:

Please provide two (2) contacts who will provide a reference for you.

	Name	Address	Telephone
1)			
2)			

## DECLARATION:

Please read and sign the application.

I will consent to a Criminal Records check if requested. YES  NO

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.

Date:

Signature:

You can send this Application to FASP the following ways:

- Email to [membership@fasp.bc.ca](mailto:membership@fasp.bc.ca)
- Mail to  
First Aid Ski Patrol  
242 West 17th Avenue  
Vancouver, BC  
V5Y 1Z8