

## **APPLICATION FOR MEMBERSHIP IN THE LITTLE SWITZERLAND / THE ROCK VOLUNTEER SKI PATROL**

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION								
Name in Full (Last, First, Middle)				DATE OF BIRTH				
Address (Apartmer	nt, Street, P.O. Box)			I		Home	e Telephone Number	
						(	)	
City State				Zip Code Work Telephone Number			k Telephone Number	
						(	)	
Email Address						Cell	Phone Number	
						(	)	
Do you know any current members of the Little Switzerland Ski Patrol? │ Yes │ No				What level skier or boarder are you?				
If yes, please list their names:			Beginner     Intermediate       Intermediate/ Advanced     Expert					
Do you know any full time employees of the Little Switzerland Ski Area?				Do you own your own equipment?				
Yes No			Yes No					
If yes, please list th	ieir names:		If no do you plan to 🗌 Purchase 🗌 Rent gear prior to the season					
Have you ever been a member of the National Ski Patrol?			Have you ever been certified in first aid?					
			If Yes, please indicate dates and certification Level:					
If Yes, please indic	ate dates and Ski Area affiliate:		Have	you over been cortific	nd in (	רססי		
Have you ever been a member of the PSIA or AASI?			Have you ever been certified in CPR?					
Yes No			If Yes, please indicate dates and certification Level:					
If Yes, please indicate dates and Ski Area affiliate:			Are you a Wisconsin State licensed First Responder, EMT, Paramedic, Nurse or Physician? Yes INO					
Equipment I use: (check all that apply)								
Skis Snowboard			If yes	, indicate which level	of car	e and	license number(s)	
Telemark Skis	None of the above	Have you ever been convicted of any felony or misdemeanor offenses						
How many years have you skied or boarded?			in Wisconsin or in any other state OR do you have any felony or misdemeanor offenses pending against you at this time? Yes No					
1 to 5     6 to 10       11 plus     Never					list o	ach of	fonce and provide the following	
			If yes, on separate pages, list each offense and provide the following information for each offense: copies of police reports, criminal complaint or information, judgment of conviction and sentence, verification of your compliance with all the terms of each sentence,					

including chemical dependency assessments (if ordered by the court) and verification of your compliance/completion of probation or parole.

## 2. WEEKLY DUTY SHIFT AVAILABILITY

Please select a weekly duty shift that would work with your schedule. Select all that apply and indicate preference (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.) next to box.

<b>- - - - - - - - - -</b>					
Sunday 10am-4pm 🔤 We	ednesday 4pm-10pm 🔤	Saturday 10am-4pm			
Sunday 3pm-9pm Th	nursday 4pm-10pm 🔲	Saturday 4pm-10pm			
Monday 4pm-10pm Fri	iday 10am-4pm 📋	Please contact to discuss my availability			
Tuesday 4pm-10pm D	iday 4pm-10pm 📋				
3. EDUCATION					
		Name of School Attended			
High School Diploma	🗌 Yes 🗌 No				
College Degree	🗌 Yes 🗌 No				
Graduate Degree	🗌 Yes 🔄 No				

## 4. EMPLOYMENT

Begin with current or most recent employer.

Name and Address of Employer	Dates	Position and Kind of Work
Name	From	
Street	То	
City, State	Full-Time	
Supervisor's Name/Telephone:		
	Part-Time	
May we contact the employer/supervisor?   Yes  No		
5. MILITAR	Y SERVICE	
Former / Current Military Service: Yes No Fro	om: To: (Mo/Yr)	(Mo/Yr)
If yes, Branch of Service:	(MO/11)	
Skill Specialty or Primary Duty:		

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW						
Information provided and statements made as part of this application may be grounds for not selecting you or for dismissing you after you begin volunteer service. All information provided and statements made herein are subject to verification. By signing below you authorize the Management of Little Switzerland and The Rock Snowpark and their designee's your consent to conduct criminal and financial background checks on you the undersigned.						
CERTIFICATION						
I CERTIFY THAT ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE AND BACKGROUND CHECKS MAY BE CONDUCTED TO VERIFY THIS.						
I UNDERSTAND THAT IF I AM SELECTED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.						
Applicant's signature: Date signed:						