

Skeetawk Mountain Safety Program Application

Date:

Name:

Date of Birth:

Email:

Phone:

Address:

Current medical certification:	Y	N
	If Yes, Level of Certification:	

Current CPR:	Y	N
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Avalanche training:	Y	N
	if Yes, level of training:	

Skiing Ability:	Beginner	Intermediate
	Advanced	Other

Are you able to successfully pass a background check?	Y	N
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Circle any specialized interest categories:	Terrain Park
	Backcountry
	National Ski Patrol
	Trail Crew
	Mountain Host
	Aid Room

List any specialized skills or experience related to mountain safety: