

# El Dorado Nordic Ski Patrol

Post Office Box 1113, Pollock Pines, CA 95726-1113

Phone: 530-647-1825

E-mail: [www.ednsp.org](http://www.ednsp.org)

## MEMBERSHIP APPLICATION

Date of Application: \_\_\_\_\_

1. Name\*: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Mailing Address\*: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. E-mail Address\*: \_\_\_\_\_ Home Phone\*: \_\_\_\_\_

4. Work Phone\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_ Pager/Other\*: \_\_\_\_\_

5. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Location: \_\_\_\_\_

6. Why do you want to join the El Dorado Nordic Ski Patrol? \_\_\_\_\_  
\_\_\_\_\_

7. Do you wish to participate as a:  Patrolling Member or  Supporting Member

8. Years of skiing experience: Nordic Backcountry: \_\_\_\_\_ Nordic Track: \_\_\_\_\_ Telemark: \_\_\_\_\_

Alpine: \_\_\_\_\_ Snowboard: \_\_\_\_\_ Snowshoe: \_\_\_\_\_ Other: \_\_\_\_\_

9. Related activities (ski instruction, mountaineering experience, previous ski patrol membership, search and rescue team, outdoor education, backpacking, etc.): \_\_\_\_\_  
\_\_\_\_\_

10. Medical qualifications (Indicate county and expiration date): Healthcare Provider (CPR/AED): \_\_\_\_\_

Advanced First Aid: \_\_\_\_\_ First Responder: \_\_\_\_\_

EMT Basic: \_\_\_\_\_ EMT Paramedic: \_\_\_\_\_

Other (Medic, LVN, RN, NP, PA, ER Nurse or Doctor, MD, etc.): \_\_\_\_\_

11. Avalanche training (Indicate course, dates, location, lead instructor, and certification received): \_\_\_\_\_  
\_\_\_\_\_

12. Experience with a rescue sled (ski toboggan): \_\_\_\_\_

13. Other training or experience that might be helpful to EDNSP (publicity, advertising, graphic artist, etc.): \_\_\_\_\_  
\_\_\_\_\_

14. Medical conditions (allergies, diabetes, etc.): \_\_\_\_\_

15. Sponsored by (member of EDNSP that you know or have skied with): \_\_\_\_\_

\* These items will be posted on the membership roster when this application is approved unless the applicant requests otherwise.

***I hereby apply for membership in the El Dorado Nordic Ski Patrol.***

Signature of applicant (parent or legal guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

For BoD use only

Application received (date): \_\_\_\_\_ Information reviewed and complete: \_\_\_\_\_

Further information and/or action needed: \_\_\_\_\_

Membership is:  Approved  Denied (date): \_\_\_\_\_  Candidate  Supporting Mentor: \_\_\_\_\_