

Mount Washington Volunteer Ski Patrol - Candidate Application Form

Version R1

Last Updated 1/18/24 by RWS



First Name:

Last Name:

Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Email:

NSP Number:

Medical
Certification
Level:

Years Rescue
Experience:

Previous
Rescue
Affiliations:

Emergency
Contact
Name:

Phone:

Relationship:

Authorization
of Background

Check: Yes / No

Signature:

Date: