



**THREDBO VOLUNTEER SKI PATROL**  
**APPLICATION FORM**

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

HOME \_\_\_\_\_ POST CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_

POSTAL \_\_\_\_\_ POST CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE Mobile: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ SEX: \_\_\_\_

WHICH YEAR DID YOU LEARN TO SKI: \_\_\_\_\_ CIRCLE ABILITY: Intermediate / Advanced / Expert

TOTAL HOURS OF INSTRUCTION TO DATE: \_\_\_\_\_

HOW MANY DAYS HAVE YOU SKIED IN THE LAST 3 YEARS: \_\_\_\_\_

WHICH SKI AREAS HAVE YOU SKIED AND WHAT GRADE OF SLOPE:

AREA: \_\_\_\_\_

SLOPE: \_\_\_\_\_

AREA: \_\_\_\_\_

SLOPE: \_\_\_\_\_

AREA: \_\_\_\_\_

SLOPE: \_\_\_\_\_

OTHER SKI PATROL EXPERIENCE: \_\_\_\_\_

RELATED ACTIVITIES: (e.g. First Aid, Ski Instructor, Guide, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRST AID QUAL: \_\_\_\_\_ CERTIFICATE NO: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_

I hereby apply for membership of the Thredbo Ski Patrol Association and pledge to fulfil the Patrols requirements as stated in the Thredbo Ski Patrol Manuals, to remit membership fees as required and to undertake any task allotted by the Committee to further the aims of the Patrol in the interest of the skiing public.

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Applications will only be processed if complete. Please remember to include a passport-sized photo, copy of First Aid Certificate & your enrolment for the intake test with payment via the website [www.thredboskipatrol.org.au](http://www.thredboskipatrol.org.au)

RETURN TO: Monika Sitkowski, VC training

EMAIL: [training@thredboskipatrol.org.au](mailto:training@thredboskipatrol.org.au)