



**LIST CURRENT FIRST AID CERTIFICATION(S):**

- Advanced First Aid** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- First Responder** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- EMT (B or I)** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Paramedic** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Advanced First Aid** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- American Heart CPR** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Certification Rec'd \_\_\_\_\_
- American Red Cross CPR** Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Certification Rec'd \_\_\_\_\_

Are you an instructor of any of the above courses?  No  Yes

If yes, which? (Please list any other emergency care certifications you hold and the expiration date.)

Have you ever been involved in any litigation against a ski area?  No  Yes

If yes, please summarize?

Have you ever been convicted of a crime?  No  Yes

If yes, please summarize?

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Mount Kato Ski Patrol to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Mount Kato Ski Patrol will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Mount. Kato Ski Patrol's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my volunteer application will not be processed further.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Candidate Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Candidate's Name – Printed Date