



Transfer Application Form

Name: _____

Phone: _____

Address: _____

Cell: _____

Email: _____

Current Patrol: _____

Patrol No.: _____

Patrol history (include: year joined, year obtained senior status, electives, patrol offices held, etc.)

Why do you want to transfer to the HoliMont Ski Patrol?

Who referred you to the HoliMont Ski patrol? _____

What weekdays are you available to patrol? _____

We are currently accepting applications for weekday patrollers only. You must have acquired senior status in order for the committee to consider your application. As a member of the patrol, you will be expected to patrol at least 17-weekdays per year for a minimum of five (5) years. Your first year will be considered a probationary year. During that year, we will be monitoring your dedication and performance. We expect you to perform your duties efficiently, respectfully and professionally. You will have a mentor to work with you for as long as you need. This mentor will assist you with opening and closing procedures, local protocol, and daily routines specific to the HoliMont Ski Resort as well as HoliMont Ski Patrol. Please return this form along with a letter of reference from your current patrol director to holimontskipatrol@gmail.com. All applications will be reviewed and approved by our membership committee.

Signature: _____

Date: _____