

SPART Application

Name: Last _____ First _____ MI _____ Home Patrol: _____
NSPS Reg # _____
Address: Street _____ Patroller _____ Junior _____
City _____ Zip _____ Senior _____ Nat. # _____
Pro _____ Certified # _____
Phone: Home () _____ Work () _____ Medical Assoc. _____
Cellular () _____ Pager: Alpha/Digital _____ C.D. # _____ County _____

email: _____

Birth Date: _____ (mo/day/yr) Employer _____
Male _____ Female _____ Married _____ Single _____ If Boeing: Clock # _____
Height: _____ft _____in Weight: _____ Org. # _____
M/S # _____

Medical Disabilities: (explain) _____

In case of Emergency,
Contact _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

NSPS Organizational/Leadership History: _____

Number of Years NSPS: _____ Years Skiing Experience: _____

SPART requires members to have NSP Basic Avalanche and Basic Mountain Travel and Rescue (MT&R). One is required upon joining, the other within one year.

Basic Avalanche _____ Date _____ **Basic MT&R** _____ Date _____

As a member of SPART my main interestes would be in the area of:

Field Team _____ Base Support _____ Equipment _____
Communications _____ Administration _____ Truck Driver/Service _____

I am interested in participating in the following SPART Committee(s):

Equipment _____ Operations _____ Training _____
Communications _____ Secretary/Treasurer _____
First Aid/Medical _____ Public Relations and Education _____
Typing and General Help _____ Other _____

I agree, if I become a member of the Ski Patrol Rescue Team, to have in my possession, a complete Ready Pack whenever I am on the mountain as a Ski Patroller in the Northwest Region. Yes/No _____.

I am willing to participate in "In Town" call-outs during the week. (Not required for membership)
Yes/No. _____

Call-out Availability: Winter Only _____ Year around _____ Weekend only _____ Midweek _____
Fast Response Team _____ **Do you want a SPART Pager** _____ (Y/N)
Necessary to be called out _____

Applicants Signature _____ **Date** _____

Patrol Director Approval _____ Date _____

SPART Board Approval _____ Chairman _____ Date _____

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Basic Avalanche _____ date _____
 Adv. Avalanche _____ date _____
 Natl. Avalanche School _____ date _____
Basic MT&R _____ date _____
 Advanced MT&R _____ date _____
WEC _____ date _____
CPR _____ date _____
Blood Borne Path. _____ date _____
 Automatic Defib. _____ date _____
 EMT _____ Cert. Date _____ Location _____
 I.V. Cert. _____
 Paramedic _____
 RN _____
 MD _____

State Required SAR Training (required every 2 yrs):

Helicopter
Basic _____ date _____
Intermediate _____ date _____
 Advanced _____ date _____
Crime Scene Recog. date _____

KCSARA training:

ELT Training _____ date _____
 Base Support _____ date _____
 Operations Leader _____ date _____

SPART training:

Field Team Leader _____ date _____
 Operations Leader _____ date _____

I have completed the Hepatitis B immunizations series of 3 shots: _____ (Y/N)

Amateur Radio	Call Sign	Class		
		145mHz	220mHz	440mHz
		_____	_____	_____
		145mHz	220mHz	440mHz
		_____	_____	_____
Land Mobile radio		47mHz	155mHz	465mHz
Aircraft AM		121.5mHz/AM	_____	_____

I own an Avalanche Rescue Transceiver (Beacon) _____ (Y/N)
 Dual frequency _____ (make & model)
 457-kHz (new high frequency) _____ (make & model)

I own: GPS ___ Showshoes ___ Skins ___ Ice Axe ___ Crampons ___ Helmet ___

Climbing Courses or experience: _____

Ice _____ Snow _____ Rock _____ (Designate Class of Ability)

Ski Touring and Snowshoe: _____

Other: _____

Prior Search and Rescue Experience: _____

I am a member of another SAR Unit: _____

name of unit	Location Position
_____	_____