



# TRUCKEE-TAHOE SOARING ASSOCIATION

AT THE TRUCKEE TAHOE AIRPORT

P.O. Box 2657, Truckee, CA 96160 \* 13184 Sailplane Way, Truckee, CA 96161

[info@soartruckee.org](mailto:info@soartruckee.org) \* 530-587-6702 \* 501(c)(3)

## AVIATION EDUCATION PROGRAM

### LINE CREW INTERNSHIP, APPLICATION 2020

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

As applicable: FTN # (from IACRA): \_\_\_\_\_ Certificate Rating: \_\_\_\_\_ No.: \_\_\_\_\_

Flight Hrs.: \_\_\_\_\_ Written FAA Exam: Y N Solo Date: \_\_\_\_\_ Ins. Policy No.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Open: May 22**

**Close: September 27**

**Office/Working Hours: 8:00 AM – 5:00 PM**

Circle full days available to intern, minimum of three days per week: Sun Mon Tue Wed Thu Fri Sat

List weeks available to intern, minimum of four weeks during the season: \_\_\_\_\_

Internship for the season: Start date: \_\_\_\_\_ Required leave date: \_\_\_\_\_

Dates not available due to family vacations, etc. \_\_\_\_\_

Special request for alternate hours: \_\_\_\_\_

Allergies: \_\_\_\_\_ Physical restrictions: \_\_\_\_\_

What are your goals in aviation? \_\_\_\_\_

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What do you expect from the Aviation Education Program Line Crew Internship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What traits, attitudes, and/or skills do you have to contribute to the Line Crew team? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should the Applicant be accepted into the Program, we, the Applicant and Parent(s) or Guardian(s), hereby agree to the terms and conditions of TTSA's Aviation Education Program. We agree to read and sign the Letter to the Parent or Guardian, Participation Requirements, and Waiver of Liability and submit them with this Application to the General Manager either to P. O. Box 2657, Truckee, CA 96160 or by email at [generalmanager@soartruckee.org](mailto:generalmanager@soartruckee.org).

I, the Applicant, will submit a certificate from having successfully completed the Wing Runner Course at [www.soaringsafety.org](http://www.soaringsafety.org), and will complete TTSA Operations and Safety Training on-site. Furthermore, I hereby agree to make every reasonable effort to study using the TTSA Aviation Education Program Curriculum with the intention of eventually passing the written and practical FAA exams and/or contribute to the best of my abilities to the operations of Truckee-Tahoe Soaring Association and/or facilitate the success thereof.

I, the Parent or Guardian, agree to facilitate to the best of my abilities aviation education for my teenager, including assisting with the Curriculum assigned quizzes, according to the policies and procedures and terms and conditions of the Aviation Education Program Line Crew Internship of TTSA.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Interview: \_\_\_\_\_ General Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

WR Cert.: \_\_\_\_\_ P/G Letter: \_\_\_\_\_ Part. Reqs: \_\_\_\_\_ Waiver: \_\_\_\_\_ Curriculum: \_\_\_\_\_ QZero: \_\_\_\_\_

Schedule: \_\_\_\_\_ ID: \_\_\_\_\_ Emer.: \_\_\_\_\_ Med. Issues: \_\_\_\_\_ Cert.: \_\_\_\_\_ Logbook: \_\_\_\_\_ Ins.: \_\_\_\_\_

Ops/Safety Tr.: \_\_\_\_\_ Books: \_\_\_\_\_ Progress Card: \_\_\_\_\_ Vest Out: \_\_\_\_\_ Vest In: \_\_\_\_\_ Exit: \_\_\_\_\_