

CONNECTICUT REGION – NATIONAL SKI PATROL SYSTEM, INC.
PROGRAM REPORT



WOMEN'S ENHANCEMENT PROGRAM

AS OF March 31, 2023

| | |
|-----------------------------|--|
| PROGRAM ADVISOR: | Cally Regan |
| CONTACT INFORMATION: | EMAIL ADDRESS: cally@rpknight.com |
| | MOBILE PHONE: 860-919-0541 |

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|---------------------------|--------------|-----------------|
| ASSISTANT ADVISOR: | NAME: | CONTACT: |
| ASSISTANT ADVISOR: | NAME: | CONTACT: |

MISSION STATEMENT

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|---|
| NSP: TO HELP KEEP PEOPLE SAFE ON THE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES. |
| PROGRAM MISSION STATEMENT: To promote the success of women in the region by providing a learning environment conducive to advancing skills in a fun, non-threatening manner. |

EXECUTIVE SUMMARY: 2022-23 SEASON

The women's program is all about improving the OET skills and confidence of women in our region through clinics that provide a tailored approach to learning based on the goals of the learner.

Number of OET instructors: 9

Number of OET TEs: 2

Number of ITs: 1

PROGRAM GOALS: 2022-23 SEASON

*Please list the SMART goals your program focused on **this** season, along with their achievement status. **Refer to last year's report.** (Specific, Measurable, Attainable, Relevant and Time bound)*

- 1. I was able to attend a Senior Trainer Workshop at the division level this past December which was very beneficial for developing my teaching abilities. This disseminated to the CT region through improvements to the Senior OET program. I was able to use a lot of the techniques taught to me which proved to be beneficial for many of the candidates. Goal 1 was achieved.*
- 2. We had every intention of holding a Women's event this season. We planned to have an event at Ski Sundown where we would offer women the opportunity to work on skills they felt they needed to work on. Unfortunately, we had planned a safety event for the same evening and the schedule was not permitting for much time to work on skills and therefore just a ski along was organized. Unfortunately, women were not provided*

*formal instruction at this event and could not be called a women enhancement clinic.
Goal 2 was not achieved.*

ACTIVITIES / PARTICIPATION

| Activity | # Instructors/ Other | # Participants |
|--|-------------------------|----------------|
| <p><i>This season, women in our region were all provided information regarding when and where women’s enhancement clinics were being held out of our region. Information for the region was provided via email regarding how to find the division women’s program Facebook page which is an excellent source of information on all division events held throughout the season. Information on scholarships was provided to the women in the region via constant contact emails.</i></p> <p><i>I will also be assisting the Division women’s advisor in selecting the recipients of both scholarships that will be awarded on the division level.</i></p> | 0 | 0 |
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PROGRAM GOALS: 2023-24 SEASON

*Please list your program’s SMART goals for **next** season. (**S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime bound)*

- 1. Hold an event in region for women, by close of season, to work on skills of their choosing. Locations to be determined.*
- 2. Identify a successor and develop her. [recruitment process and target date to be determined. Mentor potential successor throughout the 2023-24 season.]*
- 3. Provide favors or pins for participants of the women’s event.*
- 4. Recruitment. Bernie Fowler has been great in stepping up to offer me assistance with planning our event for next season. She also has great ideas about reaching patrollers. [Specific recruitment numbers, method of recruitment, timeframe to be determined.]*

RECRUITMENT/MARKETING

An email through constant contact was sent to the region providing information on division level events as well as reminding women of the division scholarship that is available.

Again, in the same email through constant contact, women were encouraged to join the division Facebook page for more timely updates on events and news.

SUCCESSION PLANNING

I am working towards identifying someone in our region that can grow into the women’s program advisor position.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2022-23 SEASON)

Please provide the \$ amount of your approved budget for the prior fiscal year. Please note if this budget included any unusual and/or one-time expenditures. For travel expenses, please specify trips/nights/people/rates, etc., as appropriate. You may show trip details at the end of the document if you wish.

| | APPROVED SEASON BUDGET | SPENT TO DATE | ANTICIPATED REMAINING TO SPEND | VARIANCE (OVER/ UNDER) |
|---|------------------------------|------------------|--------------------------------------|------------------------------|
| Mileage | 70.00 | 0.00 | 0.00 | 70.00 |
| Meals | | | | |
| Lodging (# trips/rooms/nights/rates) | 120.00 | 0.00 | 0.00 | 120.00 |
| Printing | | | | |
| Postage | | | | |
| Equipment | | | | |
| Supplies | | | | |
| Textbooks/Instructional Aids | | | | |
| Awards specific to program (e.g., Instr. Service Awards) | | | | |
| Other (unusual or one time, explain in "Prog. Goals") | | | | |
| Revenue (Expense Offset) | | | | |
| Total | 190.00 | 0.00 | 0.00 | 190.00 |
| Notes: Please explain variances (i.e., over/underspending your approved budget by >10%). OVERSPENDING OF BUDGET ALLOWED ONLY WITH PRIOR APPROVAL OF REGION DIRECTOR. | | | | |

2. BUDGET REQUEST (2023-24 SEASON)

| <i>Please provide a brief comment on any increase or decrease, such as unusual or one-time expenditures. Explain basis for travel expense request.</i> | REQUESTED | APPROVED |
|--|-----------|----------|
| Mileage: (use Mileage Reimbursement Worksheet on following page to calculate expense) ¹ | | |
| Meals | | |
| Lodging (# trips/rooms/nights/rates) | | |
| Printing | | |
| Postage | | |
| Equipment | | |
| Supplies | | |
| Textbooks/Instructional Aids | | |
| Awards specific to program (e.g., Instructor Service Awards) | | |
| Other (unusual or one time, explain in "Program Goals") – favors | 150.00 | 150.00 |
| Revenue (Expense Offset) | | |
| Total | 150.00 | 150.00 |
| Notes: | | |

¹ If multiple trips, list mileage separately, either in Notes section (above) or as separate lines in Budget Request form.

3. Mileage Reimbursement Worksheet

| Trip from/to | Miles Round Trip | Miles over 100 | # trips | Total miles | Amount to be reimbursed |
|--|------------------|----------------|----------|-------------|-------------------------|
| <i>Example: Hartford → Bromley (Sr. OET Clinic)</i> | <i>252</i> | <i>152</i> | <i>2</i> | <i>304</i> | <i>\$106.40</i> |
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| Total the far-right column and enter this amount in "2. Budget Request" (prior page) → | | | | | |