

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

CT REGION – SENIOR PROGRAM COORDINATOR

AS OF September 1, 2024

Please complete and email to skip.mudge.nsp@gmail.com by **April 1, 2024**

PROGRAM ADVISOR:	Neil Glagovich	
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ASSISTANT ADVISOR:	NAME: N/A	CONTACT: N/A
ASSISTANT ADVISOR:	NAME: N/A	CONTACT: N/A

MISSION STATEMENT

NSP: TO HELP KEEP PEOPLE SAFE ON THE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES.
PROGRAM MISSION STATEMENT: To help guide CT Region Senior Program Candidates through the Senior Program process.

EXECUTIVE SUMMARY: 2023-24 SEASON

Provide a brief overview of the past season. Highlights, focal points, key information you want the Region Director and Board to know. These should be tied into the season’s Goals.

1. *Successfully guided (3) Candidates who completed the Senior Program with Senior Classification form, and forwarded to National, with appropriate cc’s to necessary CT Region personnel including Region Awards Advisor to obtain Senior status Pin/Certificate and awarded/announced at CT Region Awards Banquet.*
2. *Multiple email and verbal interactions with Patrollers and Senior Program Candidates to provide information on Senior Program process and requirements.*

PROGRAM GOALS: 2023-24 SEASON

*Please list the SMART goals your program focused on **this** season, along with their achievement status. **Refer to last year’s report.** (**S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime bound)*

1. *Transfer the Sr. Coordinator Position and mentor my successor by the beginning of the 2023/2024 ski season.*

ACTIVITIES / PARTICIPATION

Activity	# Instructors/ Other	# Participants
<i>Successfully guided (3) eligible patrollers through the Senior Program Process, including Classification Form to National and Appropriate Region Personnel and Profiles Updated with Senior Alpine Patroller Status.</i>		3
<i>Email interactions with patrollers and senior candidates to provide information on Senior program.</i>		12

PROGRAM GOALS: 2024-25 SEASON

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

- 1. Increase participation in the Senior program especially from those patrols that have been underrepresented in recent years. This will be accomplished by working with the CT region alternate regional director to "get the word out" about the excellence of our senior program by visiting each patrol's "On the Hill" refresher with information about the program and what it entails. At least one patroller (from each patrol in the region) participating in the senior program would be ideal. When successful, these candidates can act as ambassadors for the Senior Program to their respective patrols. This will be accomplished before the annual OEC refresher in October 2024.*
- 2. Create a poster for advertising the program at the annual fall refresher and at each mountain's on the hill training. The poster will be completed by August 30th, 2024, in time for the Fall refresher.*
- 3. Create a new form specific to the CT region to facilitate information sharing between the senior program coordinator, senior module leaders, and senior candidates. This will streamline the approval process and more carefully track candidate navigation through this process. To be completed in time for the annual refresher in October 2024.*
- 4. Work with the CT region director to create a document space for forms and other data related to the senior program. This will maintain continuity of paperwork in the case of a change in senior program coordinator. TO be completed by October 2024.*

RECRUITMENT/MARKETING

Visit each resort in the CT Region at their respective "on the hill" refreshers and set up a booth with information about the program including expectations and time commitments for the annual region OEC refresher.

SUCCESSION PLANNING

The successor for this position would ideally work with the current coordinator to learn the responsibilities of the position before taking on the role as coordinator. The following year, the former coordinator could act as a resource to answer questions the new coordinator might have. One major aspect of succession will be maintenance of paperwork across coordinators. This has been solved by utilizing shared space on the regions Google drive.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2023-24 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	N/A	N/A	N/A	
Meals	N/A	N/A	N/A	
Lodging (# trips/rooms/nights/rates)	N/A	N/A	N/A	
Printing	N/A	N/A	N/A	
Postage	N/A	N/A	N/A	
Equipment	N/A	N/A	N/A	
Supplies	N/A	N/A	N/A	
Textbooks/Instructional Aids	N/A	N/A	N/A	
Awards specific to program (e.g., Instr. Service Awards)	N/A	N/A	N/A	
Other (unusual or one time, explain in "Prog. Goals")	N/A	N/A	N/A	
Revenue (Expense Offset)	N/A	N/A	N/A	
Total				
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 (2024-25 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")		
Revenue (Expense Offset)		
Total		
Notes: No budget required for this position/role at this time.		

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>
Total the far-right column and enter this amount in "2. Budget Request" (prior page) →					