



## New Hunter Education Instructor Check List

(Updated 12/2016)

The Wyoming Game and Fish Department (WGFD) is always looking for qualified volunteers to help teach the Hunter Education (HE) course. Ideal volunteers have experience hunting in Wyoming and/or in other states and are passionate about sharing hunting with the next generation. HE instructors are encouraged to teach as part of a team to help highlight each instructor's strengths, providing a well rounded experience for students. If you are interested in becoming certified please use the following check list to begin the process or contact, Hunter Education Coordinator, Tristanna Bickford at 307-777-4542 or [tristanna.bickford@wyo.gov](mailto:tristanna.bickford@wyo.gov).

Those wanting to become a certified WGFD volunteer hunter education instructor need only follow these simple steps:

1. Complete a hunter education course in Wyoming or any other state
2. Complete the attached application packet including:
  - o HE Application
  - o Background check form
  - o Mail the completed packet (must be mailed and with original signature) and a copy of your hunter education card to:  
WGFD – Headquarters  
Attn: Hunter Education  
5400 Bishop Blvd.  
Cheyenne, WY 82006
3. Attend the entire class with an approved mentoring instructor; you will need to teach at least one lesson of the class under the direction of the mentor.
  - o Mentoring instructors will be assigned by the hunter education coordinator.
  - o Have the mentoring instructor complete and submit the evaluation form.
  - o At this point instructors will be approved to begin teaching class on their own or will be encouraged to continue teaching with a team of instructors and continue the mentoring process.
4. All new instructors must attend the new instructor orientation within 2 years of certification. The orientation academy process is being evaluated. Further information and dates will be available soon.



WYOMING GAME AND FISH DEPARTMENT  
**Volunteer Application (12.16)**



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ GF Region: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Skills, training or abilities that would enhance the teaching of Hunter Education: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact, Name, Relationship, and Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Volunteer Agreement and Release**

I have read and fully understand the regulations, responsibilities and procedures regarding the role of the volunteering for the Wyoming Game and Fish Department and agree to abide by them.

**Criminal and/or Civil Court Record (for projects where volunteer will be working with youth/families, driving vehicles, handling money or handling firearms):**

I further agree to a complete background check as a component of the certification application.

Have you ever been convicted of a:

Felony            { } Yes { } No

DUI                { } Yes { } No

Wildlife violation { } Yes { } No

Are you now under charges for any offense against the law? { } Yes { } No

If yes to any of these questions, please give complete details: (This information will be kept confidential.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: Responding "Yes", to any of the above questions, does not automatically disqualify an individual from volunteering. The project supervisor must consider all pertinent aspects of the situation, including the nature and circumstances that required an affirmative response and the nature and scope of the work to be performed by the volunteer.

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

**APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN**

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

**Instructions:**

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **A ten dollar (\$10) fee is required for each individual screened. An invoice will be sent to you after screens for the current month are complete.**
- 5) **Submit a self-addressed envelope with the request.** Postage is not required but is appreciated.
- 6) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 7) **Incomplete forms and requests not accompanied by a self-addressed envelope will be returned unprocessed.**
- 8) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 9) The SS-26 Form will be returned to the agency requesting the screen within ten (10) business days of receipt.
- ¥10) By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 11) Areas marked by an asterisks,\*, are required fields.

Mail application to:

**Department of Family Services**  
**Central Registry**  
**2300 Capitol Ave, 3<sup>rd</sup> Floor**  
**Cheyenne, WY 82002**

Note: Central Registry screens are specific to the State of Wyoming. For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

**To be Completed by Organization/Facility (Print clearly)**

Name of person being screened _____		
*Organization/agency requesting check _____	Wyoming Game & Fish Department	
*Contact person for requesting organization _____	Tristanna Bickford	
*Mailing Address _____	5400 Bishop Blvd.	
*City _____	*State _____	*Zip _____
_____	WY	82006
Phone: (307) 777-4542		
¥Organization Email (optional) _____		

<b>For Central Registry Office Use only</b>		
Date Completed _____	Reference Number _____	- 0305
Person being screened listed on the DFS Abuse/Neglect Central Registry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Central Registry Specialist initials _____	DB _____	

**AUTHORIZATION OF RELEASE  
OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY INFORMATION**

**To Be Completed by Person Being Screened (Please type or print legibly)**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

\*Full Legal Name \_\_\_\_\_

\*Maiden Name \_\_\_\_\_

\*Former Married Names \_\_\_\_\_

\*Aliases \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Ethnicity

- Caucasian
- Hispanic
- Black

- Native American
- Asian
- Other \_\_\_\_\_

Gender: Male  Female

\*Current Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone \_\_\_\_\_

\*List All Addresses for the past ten (10) years

\_\_\_\_\_  
\_\_\_\_\_

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

\_\_\_\_\_  
\_\_\_\_\_

In the course of my duties, I will have unsupervised access to

Children \_\_\_\_\_ Adults \_\_\_\_\_ Both Children and Adults \_\_\_\_\_

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services. If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. \_\_\_\_\_

\_\_\_\_\_  
**\*Signature of Person Being Screened**

\_\_\_\_\_  
**\*Date Valid for 60 Days**

\*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is “under investigation”, shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.



**WYOMING GAME AND FISH DEPARTMENT  
New Hunter Education Instructor Practicum Teaching Evaluation Form (12.16)**

Mentoring Instructor: \_\_\_\_\_ Instructor # \_\_\_\_\_

New Instructor's Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Class where mentoring occurred: \_\_\_\_\_ Location: \_\_\_\_\_

To ensure the highest standard for Hunter Education (HE) Instructors in Wyoming, all instructors shall represent the Wyoming Game and Fish Department (Department) with a high degree of professionalism when conducting HE courses. To maintain this high level of credibility and correctness, instructors are requested to follow a code of conduct similar to all Department personnel. Dress should be appropriate for the classroom or range, foul language is not to be used, using unapproved materials and deviating from the six core subject areas is not acceptable.

Evaluating instructors must give honest evaluations and return this completed form to the HE office immediately after a new instructor completes their teaching practicum. Please also attach a copy of the applicant's lesson plan for the class lesson being evaluated and a copy of the completed Instructor Handbook worksheet.

Appearance: \_\_\_\_\_

Mannerisms: \_\_\_\_\_

Voice: \_\_\_\_\_

Preparation: \_\_\_\_\_

Organization: \_\_\_\_\_

Knowledge: \_\_\_\_\_

Response to Questions: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The mentoring instructor shall assist the new instructor when completing the instructor worksheet and discuss the policies, procedures, Commission Regulations and all required forms with the instructor applicant.

Date: \_\_\_\_\_

New Instructor Signature: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Department Personnel

Hunter Education Mentoring Instructor