WYOMING GAME AND FISH DEPARTMENT
Outreach Programs - **Volunteer Application** (4.15)

Last Name:_____ First:_____ Middle: _____

Mailing Address: _____

Physical UPS Address: _____

City: _____ Zip: _____ County: _____ GF Region: _____

Home Phone: _____ Cell Phone: _____

Email Address:_____ Wyoming HE Certification Number: _____

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 HE Instructor Agreement and Release

I have read and fully understand the regulations, responsibilities and procedures regarding the role of the volunteer instructor within the Hunter Education program of the Wyoming Game and Fish Department and agree to abide by them.

I further agree that I will become actively involved in hunter education in-service training, and will recommend a certification of competence be issued only to those individuals who show adequate ability and understanding to be safe, legal, ethical hunters and firearms handlers.

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

Criminal and/or Civil Court Record:

Have you ever been convicted of a felony, DUI or a wildlife violation? { } Yes { } No
Are you now under charges for any offense against the law? { } Yes { } No
If yes to either question, please give complete details: (This information will be kept confidential.)_____

Note: Responding "Yes" 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. If, for any reason, the project supervisor feels they are unable, or unwilling, to make a decision in the event of an affirmative response, the supervisor must contact the Office of the Director, their Division Administration or the Human Resource Manager for guidance.

Signature: _____ Date: _____