

# APPLICATION FOR HUNTER EDUCATION VOLUNTEER INSTRUCTOR



Washington Department of  
**FISH and WILDLIFE**

**Instructions:** Complete this application and mail to: **Washington Department of Fish & Wildlife - Hunter Education,  
600 Capitol Way North – Olympia, WA 98502**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Office / Cell # \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education Level: High School: \_\_\_\_\_ College: \_\_\_\_\_ Graduate: \_\_\_\_\_ Other: \_\_\_\_\_  
(Enter last grade completed) (Enter years)

Briefly list any special qualifications, training, skills, or interest: \_\_\_\_\_

Briefly list your outdoor and / or education experience: \_\_\_\_\_

Clubs and other memberships: \_\_\_\_\_

Have you completed a Hunter Education course as a student within the past two years?  Yes  No If yes, when, where? \_\_\_\_\_

Have you completed a first aid course within the past three years?  Yes  No If yes, when, where? \_\_\_\_\_

Have you ever received a citation or been arrested for a violation of state or federal fish and wildlife laws?  Yes\*  No   
\*Answering yes does NOT automatically exclude you from consideration. (If you marked yes, please describe in detail on a separate sheet and include with application.)

Have you ever been charged and convicted of any other crime?  Yes\*  No   
\*Answering yes does NOT automatically exclude you from consideration, with the exception of any felony convictions. (If you marked yes, please describe in detail on a separate sheet and include with application.)

If selected as a Department of Fish & Wildlife volunteer instructor, I will volunteer the time to teach classes in accordance with policies and procedure outlined by the Department of Fish and Wildlife. I further certify that under penalty of perjury I have not committed a felony or crime of moral turpitude and that I will accept my responsibility as a Department of Fish and Wildlife Volunteer Instructor. I understand that any misrepresentations or concealment of material fact will be sufficient grounds for rejection of my application for certification. I also understand that a background investigation will be conducted as part of this application process and that background checks will be conducted approximately every five (5) years. I hereby authorize such action by my signature below. Finally, pursuant to Section 1, Chapter 20, Laws of 1971, I hereby register as a volunteer worker for the State of Washington, Department of Fish and Wildlife.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Medical History (allergies and/or medical conditions)	_____
_____	_____
_____	_____
Emergency Contact Name	_____
Phone	_____
	Day Phone # Evening Phone #

As a registered volunteer for Washington State Department of Fish and Wildlife (WDFW) I agree to:

- Volunteer my services to WDFW by my own free choice. I understand that I will receive no wages for the work performed.
- Perform only volunteer duties that are assigned to me, according to WDFW policies, procedures.
- Adhere to all WDFW standards regarding ethics, safety, nondiscrimination, confidentiality and respect for others, as well as abide by the laws and regulations of the State of Washington.
- Complete any required training and adhere to all safety requirements. I will not accept any work assignment for which I feel I am not prepared.
- Take responsibility for the safe use, maintenance and repair of any tools and safety equipment.
- Assume all risks related to my assignment. I waive all claims for personal injuries or damages to property against the state of Washington and WDFW, and hold its officers and employees harmless from all claims and liabilities of whatsoever nature arising out of my participation in any, and all, aspects of WDFW’s volunteer program.
- Notify WDFW of my resignation as a certified hunter education instructor, and return my Hunter Education Instructor name badge, all uniform items and all teaching aides and equipment owned or provided by WDFW.

# DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER REGISTRATION PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for the position of a volunteer Hunter Education Instructor, Washington Department of Fish and Wildlife (WDFW) will conduct a background check by ordering a consumer report about you that we obtain from a consumer reporting agency. The consumer report will focus on criminal history records. WDFW may rely on the material in the report in determining your suitability to serve as a Hunter Education Instructor.

Under the Fair Credit Reporting Act (FCRA), WDFW must have your written authorization before it can order a consumer report about you. If WDFW declines to accept or automatically re-certify you as a Hunter Education Volunteer Instructor and its decision is based in any part on information contained in the consumer report, WDFW will provide a copy of that report to you along with the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the Disclosure, and by my signature below I authorize Washington Department of Fish and Wildlife to obtain and rely upon consumer reports in considering me for volunteer registration and recertification as a Hunter Education Instructor. If certified as an instructor, certification is valid for five (5) years. Recertification will be automatic, pending the results of future background checks, unless I notify the Washington Department of Fish and Wildlife Hunter Education Division that I do not wish to continue as a volunteer instructor.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by WDFW. This authorization extends to future background checks for automatic recertification purposes approximately every five years.

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Printed Name

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Applicant Signature

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Date

### Employee Affirmative Action Profile

Government agencies require periodic reports about the state workforce for equal opportunity and affirmative action efforts. Providing such information about yourself is voluntary and your response will be kept confidential and used only in accordance with Washington State's equal opportunity and affirmative action efforts.

Please see next page for definitions.

Name (Last, First, Middle Initial)	Date
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> If yes, disability date
What race or culture do you consider yourself? Select all that apply. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian	
<b>Veterans Information</b> – Employment preference and/or layoff preference is given to veterans who meet state qualifications, their spouses or registered domestic partner. <i>Note: To qualify and receive veteran's preference, you must also provide a copy of your record of discharge, DD214 or NGB Form 22 or alternate verification of military service.</i>	
Veteran Status (select all that apply): Are you a US Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> If yes, discharge date Are you a Vietnam Era Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a Special Disabled Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If you checked Yes, you may also meet the definition of person with a disability (above). See next page for definitions.</i>	
Military Status (select only one): <input type="checkbox"/> Non Veteran or Unspecified Veteran Status <input type="checkbox"/> Discharged with a duty-related disability and less than one year of service <input type="checkbox"/> Honorably Discharged with more than one and less than 20 years of service <input type="checkbox"/> Retired Veteran receiving more than \$500 per month retirement pay <input type="checkbox"/> Retired Veteran receiving less than \$500 per month retirement pay <input type="checkbox"/> Surviving spouse or surviving registered domestic partner of a veteran	
Signature	Date

# Employee Affirmative Action Profile Definitions

## Disability

**Person with a Disability:** For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

**Disability Date:** The date an individual was determined to have a disability.

## Race and Culture

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino:** A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture or origin, regardless of race. (Hispanic/Latino does not include persons from Portuguese speaking cultures such as Portugal or Brazil.)

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White/Caucasian:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## Veterans

**US Veteran:** A veteran who:

- has one or more years of active military service in any branch of the armed forces of the United States or
- has less than one year of service and is discharged with a disability incurred in the line of duty or
- is discharged at the convenience of the government and who, upon termination of such service, has received an honorable discharge, a discharge for physical reasons with an honorable record or a release from active military service with evidence of service other than that for which an undesirable, bad conduct or dishonorable discharge shall be given.

**Discharge Date:** The most recent discharge date from active military service in any branch of the armed forces of the United States, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

**Vietnam Era Veteran:** A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**Special Disabled Veteran:** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.