

APPLICATION FOR HUNTER EDUCATION VOLUNTEER INSTRUCTOR



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

Hunter education

Last Name: _____ 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 wildlife laws? Yes No If answer is yes, you are NOT automatically excluded from consideration. (If 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 If answer is yes, you are NOT automatically excluded from consideration, with the exception of any felony convictions. (If 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. 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.