

**WASHINGTON DEPARTMENT OF FISH AND WILDLIFE**  
**APPLICATION FOR CERTIFICATION AS A VOLUNTEER INSTRUCTOR**

**Check only one:**

- Hunter Education       Bowhunter Education       Trapper Education  
 Aquatic Education       Project WILD       Other (List) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  Male       Female      Date Of Birth \_\_\_\_\_  
Last                      First                      Middle                      Month      Day      Year

Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last                      First                      Middle                      Required Confidential Information

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

Telephone \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ Occupation \_\_\_\_\_  
Home                      Work

Education:      High School 9 10 11 12      College 1 2 3 4      Graduate 1 2 3 4      Other \_\_\_\_\_  
*(Circle highest grade completed)*      *(Circle highest grade completed)*      *(Circle highest grade completed)*

List any special qualifications, training, skills or interests: \_\_\_\_\_

List your outdoor and / or teaching experience: \_\_\_\_\_

List any club or other organizational memberships: \_\_\_\_\_

Have you completed a Hunter Education course as a student within the past three years?       Yes       No      Where / When? \_\_\_\_\_

Have you completed a First Aid course as a student within the past three years?       Yes       No      Where / When? \_\_\_\_\_

Have you **EVER** received a citation for violation of state or federal wildlife laws?       Yes       No      If yes, please detail/attach a separate sheet of paper.

Have you **EVER** been charged with a misdemeanor or felony?       Yes       No      If yes, please detail/attach a separate sheet of paper.

If selected as a Department of Fish and Wildlife volunteer instructor, I will volunteer the time to teach classes in accordance with policies and procedures outlined by the Department of Fish and Wildlife.

I will accept my responsibility as a Department of Fish and Wildlife volunteer instructor. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application for certification and may disqualify me permanently from participation as an instructor. I also understand that the agency will conduct a background investigation as part of this application process. I hereby authorize the background investigation by my signature below. Finally, pursuant to Section 1, Chapter 20, Laws of 1971, I hereby officially register as a volunteer worker for the State of Washington, Department of Fish and Wildlife.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_