



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Hunter Safety

Volunteer Instructor Application



Last Name		First Name		Middle Initial	Instructor I.D. Number
Mailing Address				County	
City		State	Zip		Date of Birth
Sex (please check) Male <input type="checkbox"/> Female <input type="checkbox"/>			E-Mail Address		Shirt Size

Home Phone Number () ()	Work Phone Number () ()	Company Name: Is the fax number you listed at: <input type="checkbox"/> home <input type="checkbox"/> work
Fax Number () ()	Cell Phone Number () ()	Is it okay to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it okay to fax you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Approximate Number of Years Hunting Experience	Have you hunted any of the following within the last 3 years:	<input type="checkbox"/> Deer	<input type="checkbox"/> Migratory Birds	<input type="checkbox"/> Upland Birds
		<input type="checkbox"/> Squirrels	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Other
I have instructed in the following:	<input type="checkbox"/> School <input type="checkbox"/> Armed Services <input type="checkbox"/> Basic Marksmanship Course <input type="checkbox"/> Scouts <input type="checkbox"/> Other (please explain) <input type="checkbox"/> Industry Or Trade			
In what capacity?				

REFERENCES	Name	Address	Phone Number
Please list three. Please give full name, complete address and phone number.			() ()
			() ()
			() ()

Have you been certified as a hunter safety instructor in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	What State? _____
Have you any objections to inquiry being made regarding your character, experience or ability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or convicted for a violation of local, state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed with the Florida Fish and Wildlife Conservation Commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If appointed as a Florida hunter safety instructor, I understand that this is a volunteer position and that I must meet the requirements outlined in the Instructor Manual and Internal Management Policies and Procedures to maintain active certification in this program. I agree to present this course as outlined in the Instructor Manual and as may be directed by the Hunter Safety Administrator. I will not certify anyone who has not fulfilled the requirements set forth in this program. I further understand that this certification may be revoked or suspended without recourse if I fail to meet the standards or intent of this program.

Completed Traditional Hunter Safety Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Certification Number:	Date course completed:
Applicant Signature		Date

Office Use Only	
Regional Hunter Safety Coordinator Signature:	Date:
State Hunter Safety Coordinator Signature:	Date: