



STATE OF DELAWARE

DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL

DIVISION OF FISH AND WILDLIFE  
OFFICE OF BOATING SAFETY  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

BOATING SAFETY INSTRUCTOR APPLICATION

Please type or print

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State \_\_\_\_\_

Occupation \_\_\_\_\_ Employer and Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E Mail address \_\_\_\_\_

Work Phone \_\_\_\_\_



Why would you like to be a Fish and Wildlife Boating Safety Education Instructor and Volunteer? What experience do you bring to this program? Please attach any instructor certifications and/or certifications that would be pertinent to this application.

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I fully understand that I will be investigated prior to any appointment as an instructor. If appointed, I will contribute the necessary time to meet the training requirements, if additional requirements are needed. I have read and understand the policies and procedures expected of me as a DNREC, Division of Fish and Wildlife Enforcement Boating Education Volunteer.

I accept my responsibility as Boating Safety Instructor/Volunteer to pass along to those entrusted to me, as much skill possible. I will not knowingly certify any person who has not passed the required certification testing. I have read and understand all the above materials.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**VOLUNTEER SERVICES AGREEMENT**  
**Between**  
**DELAWARE DIVISION OF FISH AND WILDLIFE**  
**OFFICE OF BOATING EDUCATION**  
**And**

\_\_\_\_\_  
(Name of Individual, Group, or Educational Institution)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Phone)

**RESPONSIBILITIES:**

The volunteer and the Division will cooperate in the completion of educational courses and outreach programs at the location, within the time frame, and in accordance with the criteria specified below. The Division of Fish and Wildlife will govern volunteer conduct. The Division will provide appropriate supervision, training, and equipment for the volunteer, so that Boating Safety Education and outreach programs can be completed in a professional manner.

**TERMINATION:**

This Agreement may be terminated by mutual agreement or by either party when at least five (5) working days notice is given.

Signature \_\_\_\_\_

Date \_\_\_\_\_



State of Delaware  
Department of Natural Resources  
and  
Environmental Control

Division of Fish and Wildlife  
Office of Boating Education  
89 Kings Highway  
Dover, Delaware 19901

## Background Investigation Authorization

For the protection of our dedicated volunteers and students, a background check is required on all individuals volunteering as instructors.

Please type or print

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

I authorize the Division of Fish and Wildlife to conduct a confidential background investigation prior to becoming an instructor for the Office of Boating Education.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***For Office Use Only***

Date Application Received: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_

Initials of Officer: \_\_\_\_\_

\_\_\_\_\_ Approved                      \_\_\_\_\_ Disapproved

Date of Certification: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_