



**DELAWARE HUNTER EDUCATION  
Volunteer Instructor Application  
Delaware Division of Fish and Wildlife**

Instructions: ✓ appropriate boxes.

Please type or print clearly.

Please call for more information

McKay House – Wildlife and Hunter Education Field Office  
6180 Hay Point Landing Road  
Smyrna, DE 19977  
Tel: (302) 735-3600 Fax: (302) 653-6755

1. Name (Last, First, Middle)	2. Date & Place of Birth    ___ Male    ___ Female
3. Street Address	4. City, State, and Zip Code
5. Driver's License Number & State	6. Hunter Education #
7. E-Mail Address:	8. Home Phone #:                      9. Cell Phone #:
10. Shirt Size: S M L XL 2X 3X	11. Soc. Sec. #:    XXX – XX -    ___ ___ ___

10. Please indicate your area of instruction expertise, experience or interest. If you are or were certified, please include type of certification and organization.

___ Basic Hunter Education (___) _____	___ Trapper Education (___) _____
___ Bowhunter Education (___) _____	___ Boating Education (___) _____
___ Muzzleloader Education (___) _____	___ Turkey Education (___) _____
___ Handgun for Deer (___) _____	___ Wingshooting (___) _____

11. The Hunter Education Program sponsors and coordinates special events and courses throughout the year. Would you be interested in helping with any of these events?

___ Youth Group Programs or Summer Camp	___ High School Programs
___ Advanced Hunter Education Clinics	___ National Hunting & Fishing Day Celebration

12. Briefly describe your hunting background and experience including special skills, certifications and any previous volunteer or teaching experience. Please attach copies of any certifications, including your hunter education card.

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(Over)

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13. Have you ever been arrested or ticketed for a game violation?    \_\_\_ Yes    \_\_\_ No

14. Have you ever been convicted of a felony?    \_\_\_ Yes    \_\_\_ No

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN A SEPERATE LETTER.**

15. Can you legally own and use a firearm?    \_\_\_ Yes    \_\_\_ No

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**Circle highest level of education completed:**

Elementary school:    1 2 3 4 5 6 7 8    High school:    9 10 11 12    College:    1 2 3 4    5 6

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**Briefly describe past and present employment.**

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I am aware that a criminal background check by the State Bureau of Identification will be required for final certification and hereby give my consent for the Division of Fish and Wildlife to order and update such a background check. If appointed as a Delaware Hunter Education Instructor, I agree to abide by the program's Policies and Procedures and to contribute the necessary time to meet training requirements. I hereby authorize the Hunter Education Program to share my contact information, address, phone number and email with other instructors for the purpose of class organization and scheduling. I further agree to provide responsible hunter education to those entrusted to me, and to not knowingly certify any person who I feel is unsafe or inadequately trained to be sent afield.

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**SIGNATURE:**

**DATE:**

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**OFFICIAL USE ONLY**

Application received date: \_\_\_\_\_ Application reviewed date: \_\_\_\_\_

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved    \_\_\_\_\_ Data base    \_\_\_\_\_ Notified

B.I. received date: \_\_\_\_\_ Instructor Course: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Comment:

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**VOLUNTEER SERVICES AGREEMENT**  
**between**  
**Delaware Division of Fish and Wildlife**  
**Hunter Education Program**  
**And**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**RESPONSIBILITIES**

The volunteer and the Division will cooperate in the completion of educational courses and outreach programs at the location, within the timeframe, 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 hunter education courses and outreach programs can be completed in a professional manner.

**PROHIBITED ACTIVITIES**

Volunteers will not be assigned active law enforcement duties or other duties restricted by permit or Division regulations or standards.

**TERMINATION**

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

**PLEASE IDENTIFY ANY PHYSICAL OR MEDICAL CONDITION (INCLUDING ALLERGIES AND MEDICATION YOU ARE TAKING) WHICH MIGHT AFFECT YOUR PERFORMANCE OR WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE DIVISION OF FISH AND WILDLIFE TO ENABLE THEM TO TREAT YOU IN AN EMERGENCY SITUATION. DISCLOSURE OF THIS INFORMATION WILL NOT DISQUALIFY YOU FROM VOLUNTEER SERVICE.**

(e.g., Are you a diabetic or epileptic; are you allergic to insect bites, chemicals, poison ivy, other?)

\_\_\_\_\_  
\_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (including area code): \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

Relation to you (e.g. spouse, mother, father, relative, friend): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_