



**NEW HAMPSHIRE FISH AND GAME DEPARTMENT
APPLICATION FOR VOLUNTEER LET'S GO FISHING INSTRUCTOR**



Please print neatly or type application

Complete This Section First

Please note: CPR and First Aid certifications are required for all new volunteer instructors. If you are certified please mail a copy of your current certification card along with this application. If you are not certified you have one year from your instructor certification date to fulfill this requirement.

Name: _____
(Last) (First) (Middle)

Mailing Address: _____ Home Phone (____) _____
 _____ Work Phone (____) _____
(City) (State) (Zip)

Date of Birth: _____ Cell Phone (____) _____

Physical Address: _____
(if different from mailing address)

(City) (State) (Zip)

Office Use Only
 Certification Date: _____
 BCI – Out: _____
 BCI – In: _____

Email Address: _____

Dates Attending Training:

(Training dates can be found on the LGF volunteer page of the Fish and Game webs site, FishNH.com)

Part 1 _____ Part 2 _____ Part 2 _____ Part 2 _____

Please describe any teaching experience you have (Use additional page if necessary.): _____

Fishing Experience: Basic Saltwater Ice Fly

Describe your most memorable fishing experience (Use additional page if necessary.): _____

Have you ever had any Fish and Game violations? Please explain. _____

Please list the names, addresses and telephone numbers of three references.

<u>Name</u>	<u>Address</u>	<u>Tel. No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I am ready to support and follow the policies of the Let's Go Fishing Program, and accept the responsibility of a Let's Go Fishing Instructor to pass along as much knowledge and skill as possible to those students entrusted to me.
- If appointed, I understand my obligation to remain certified is to teach a minimum of 12 hours each year.
- I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected and my services may be terminated.
- I fully understand that I will be investigated prior to my appointment as an instructor and I hereby consent to a Bureau of Criminal Records review. Additionally, I also fully understand and consent to recurring investigations and Bureau of Criminal Records reviews that may be conducted while I am affiliated with the Let's Go Fishing Program.

Signature: _____
(Each application must bear a current date and original signature.)

Date: _____

<p align="center">Voluntary Racial / Ethnic Survey</p> <p>Your response to this question will help us track important civil rights information and aid in our recruitment efforts. It is STRICTLY VOLUNTARY and will be kept CONFIDENTIAL</p> <p>Please identify yourself in terms of the racial/ethnic groups below:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Native American (American Indian and Alaskan Native)</p>	<p align="center"><u>Recruitment/Employment Survey</u></p> <p>Please complete the following to assist in our recruitment efforts.</p> <p>I learned of this instructor training opportunity through:</p> <p>_____ Let's Go Fishing Class</p> <p>_____ Radio/TV ads</p> <p>_____ Newspapers (please name)</p> <p>_____</p> <p>_____ Other (please explain) _____</p> <p>_____</p> <p>_____</p>
<p>Unless otherwise specified, applications should be returned to:</p> <p>New Hampshire Fish & Game Dept. Let's Go Fishing Program 11 Hazen Drive Concord, NH 03301 603/271-3212</p>	
<p>Updated 6/6/2016</p>	



Please note: To be in compliance with Department of Safety, Division of State Police rules, Sections I and II of the Criminal Record Release Authorization Form need to be filled out and Section II needs to be notarized. Any form not filled out completely will be returned to you, this will slow the application process.





State of New Hampshire

Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records

33 Hazen Drive,
Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to:

New Hampshire Fish & Game Department
Aquatic Education Program "LGF"
11 Hazen Drive
Concord, NH 03301

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

RECIPIENTS SIGNATURE DATE _____