



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



Please print neatly or type application

Please Complete This Section First

Name: _____
(Last) (Maiden/Alias) (First) (Middle)

Mailing Address: _____ Home Phone (____) _____

(City) (State) (Zip) Work Phone (____) _____

Physical Address: _____
(if different from mailing address – for UPS deliveries) Date of Birth: _____

(City) (State) (Zip)

Email Address: _____

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

Teaching Experience (Please Describe): _____

Fishing Experience: Warmwater Saltwater Ice Fly

Please describe your most memorable fishing experience: _____

I would be most comfortable teaching the following topics:

- | | | | |
|-----------------------|---------------------------|----------------------------|------------------------|
| _____ Pond Ecology | _____ Stream Ecology | _____ Fly Fishing Equip. | _____ Knot Tying |
| _____ Fish Habits | _____ Food Chain | _____ Ground Water | _____ Fishing Lures |
| _____ Lake Ecology | _____ Fly Tying | _____ Safety When | _____ Water Cycle |
| _____ Water Chemistry | _____ Casting | _____ Fishing | _____ Fly Fishing |
| _____ Warmwater | _____ Fish Identification | _____ Ethics | _____ Aquatic & |
| _____ Fishing Tech. | _____ Properties of | _____ Ice Fishing | _____ Vertebrates |
| _____ Acid Rain | _____ Water | _____ Plant Identification | _____ Warmwater Equip. |



I am willing to travel _____ miles to a Let's Go Fishing function.

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 obligations to remain certified are to teach in at least one Let's Go Fishing course and/or be involved in at least one program activity/training 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: _____

Date: _____

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

Voluntary Racial / Ethnic Survey	<u>Recruitment/Employment Survey</u>
<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>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>_____ Other (please explain) _____</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 9/21/09</p>	



New Hampshire Fish and Game Department
11 Hazen Drive
Concord NH 03301

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION 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 _____

SOCIAL SECURITY NUMBER _____

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

YOUR SIGNATURE _____ DATE _____

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