



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)

(City) (State) (Zip) Date of Birth: _____

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

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

Please identify yourself in terms of the racial/ethnic groups below:

- Hispanic African American
- Asian Caucasian
- Native American (American Indian and Alaskan Native)

Unless otherwise specified, applications should be returned to:

New Hampshire Fish & Game Dept.
Let's Go Fishing Program
11 Hazen Drive
Concord, NH 03301
603/271-3212

Updated 9/21/09

Recruitment/Employment Survey

Please complete the following to assist in our recruitment efforts.

I learned of this instructor training opportunity through:

_____ Let's Go Fishing Class

_____ Radio/TV ads

_____ Newspapers (please name)

_____ Other (please explain) _____



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

"LGF" TRAININGS

Individuals being certified will have to attend two one day trainings (part 1 and part 2). Every new instructor must attend one of the Part 1 trainings and one of the Part 2 trainings. Instructors will eventually need to attend a separate training for each program (basic, ice & fly fishing & fly tying) they want to teach.

Part 1 trainings will cover the ins and outs of the Fish and Game Department and Let's Go Fishing program's, policy and procedures and CPR training. Part 2 trainings will focus on a specific program. It will be hands on experience where prospective instructors will be put through an abbreviated "real life" LGF course. Some of the topics covered in these trainings include ethics, winter pond ecology, rules and regulations, an overview of equipment and safety.

Please check the box next to the trainings you will attend.

	TOWN	LOCATION	DATE/TIME	TRAINING	ATTEND
Part 1	CONCORD	NH Fish & Game Headquarters 11 Hazen Drive	Saturday, April 10, 2010 8am – 4:30pm	Policy & Procedure	
	LANCASTER	NH Fish & Game Dept, Region 1 629B Main Street	Sunday, April 25, 2010 8am – 4:30pm	Policy & Procedure	
You must attend one of the fishing trainings below.					
Part 2	CONCORD	NH Fish & Game Headquarters 11 Hazen Drive	Saturday, May 1, 2010 9:30am – 4:00pm	Basic Fishing	
	HOLDERNESS	NH Fish & Game Dept Owl Brook Hunter Education Ctr 387 Perch Pond Road	Sunday, May 2, 2010 9:00am – 4:30pm	Fly Fishing	

_____ I cannot make any of the above sessions. Please inform me of your next training dates when they become available.

_____ I have decided **not** to become an instructor. Please remove my name from your roster. Your name will not be removed unless you notify us.

Name:

(Last)

(First)

(Middle)

Mailing address: _____

Home Phone: (603) _____

Work Phone: (603) _____

Signature: _____

The policy on maintaining your certification:

All instructors shall teach in one course and/or be involved in at least one program activity each year.



Please return to: NH Fish & Game Dept. "LGF"
11 Hazen Drive
Concord, NH 03301
(603) 271-3212 or
Email me at: lisa.m.collins@wildlife.nh.gov

