



# Hunter Education Instructor Application

Arkansas Game and Fish Commission

Hunter Education

2 Natural Resources Drive • Little Rock, AR 72205

(501) 223-6377 or 1-800-482-5795

The Arkansas Hunter Education Program is dedicated to the sportsmen of Arkansas with a central theme of safety and sportsmanship. The program is structured to acquaint students with the many wildlife oriented recreational opportunities and recreational shooting sports available to them. The program is administered through the Arkansas Game and Fish Commission, and taught through a corps of trained volunteer and professional instructors on a statewide basis. One delivery method is for students to receive classroom instruction in areas of firearm safety, hunter ethics and responsibilities, conservation, firearm nomenclature, archery, muzzleloading, crossbows, game care, and survival and first aid. Another method allow students to substitute the classroom instruction with a computer based course and then take a test administered by one of our employees or certified Hunter Education Volunteers. The basic course is designed to teach the fundamentals of these subject areas, but other areas such as wildlife identification, maintenance of equipment, etc., are encouraged when time permits.

Volunteer Hunter Education Instructors serve a very important role in the administration of Hunter Education across the State. Even though volunteers can not receive compensation for their services, the personal benefits come from the satisfaction teaching the youth safety and sportsmanship towards the outdoors. Below is a list of qualifications for becoming a Volunteer Hunter Education Instructor:

## **To be certified as an Arkansas Game and Fish Commission Hunter Education Instructor, you must:**

- be at least 21 years of age. Junior Instructors (18 – 20 years of age) must be accompanied by a senior instructor while teaching.
- have successfully completed the basic student Arkansas Hunter Education Course.
- Complete an "Instructor Application" form.
- Completed an "Arkansas Game and Fish Commission Individual Record/Child/Adult Registry Check Consent Form, **signed and notarized.**
- Not have been convicted of a violation of a game and fish regulation. If the applicant has pleaded guilty to or been convicted of a violation, a personal letter explaining the purpose of becoming a Hunter Education Instructor must be submitted along with one personal reference.
- Be approved by the local Wildlife Officer, Regional Education Coordinator and Hunter Education Coordinator.

## **A Hunter Education Instructor can be dismissed and have instructor certification revoked if the instructor:**

- fails to participate in at least one Hunter Education activity per year.
- is convicted of a violation of a game and fish regulation.
- falsifies information.
- fails to exhibit proper sportsmanship or ethical conduct.
- Repeatedly fails to follow the prescribed procedures set forth in this handbook.
- Is so recommended by the local Wildlife Officer and/or the Region Education Coordinator.

A Hunter Education Instructor who has had his or here certification revoked may submit a written request for reinstatement to the Hunter Education Coordinator. Each case will be investigated and/or reviewed on an individual basis. The Regional Education Coordinator serving the instructor's area, the arresting officer, and other Agency personnel involved in the situation will have input; however, the final decision for reinstatement will be that of the Hunter Education Coordinator.



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Official Use
HE Approval: _____
BGC sent HR: _____
BGC Approval: _____
Entered: _____

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race: (Circle One) White African American Native American Hispanic Asian Sex: M F

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

(If Teacher, Name of School): \_\_\_\_\_

Your Highest Educational Level (Please circle last year completed): 1 2 3 4 5 6 7 8 / High School 9 10 11 12 /

College 1 2 3 4 / Graduate 1 2 3 4

Previous Volunteer Experience: \_\_\_\_\_

Date Completed Hunter Education Student Course: \_\_\_\_\_

Have you ever been a Hunter Education Instructor? Yes or No

List any special skills, training, or interest which you have that may help you as a Hunter Education Instructor: \_\_\_\_\_

What Hunting or Shooting Experience do you have? \_\_\_\_\_

Have you ever been convicted of a Game and Fish Violation? YES or NO

If the answer is YES, what was the violation and when did it happen? \_\_\_\_\_

Why do you want to be a Hunter Education Instructor? \_\_\_\_\_

In case of emergency, notify (Name): \_\_\_\_\_

Relationship of Above: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name of your Physician: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Arkansas Game and Fish Commission receives federal aid funding in fish and wildlife restoration programs. Under Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the US Department of the Interior prohibits discrimination on the basis of race, color, national origin, age, sex or handicap. If you believe that you have been discriminated against in any program, activity, or facility as described above, or desire further information, please write: Arkansas Game & Fish Commission, ATTN: Compliance Officer, #2 Natural Resources Drive, Little Rock, AR 72205 or The Office for Human Resources, US Fish & Wildlife Service, Department of the Interior, Washington DC 20240.

**Arkansas Game and Fish Commission**  
**Individual Record/Child/Adult Registry Check Consent Form**

Full Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Name Maiden Name/Aliases

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M F  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: (     ) \_\_\_\_\_

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY and I GIVE MY CONSENT FOR THE ARKANSAS DEPARTMENT OF HUMAN SERVICES TO SEARCH THEIR RECORDS FOR CHILD AND ADULT MALTREATMENT ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:**

Name: Arkansas Game and Fish Commission/Juli Barton, (501) 223-6348

Address: #2 Natural Resources Drive, Little Rock, Arkansas 72205

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

_____ Child's Name	____/____/____ DOB (Month/Day/Year)	_____ Child's Name	____/____/____ DOB (Month/Day/Year)
_____ Child's Name	____/____/____ DOB (Month/Day/Year)	_____ Child's Name	____/____/____ DOB (Month/Day/Year)

<u>Provide Addresses for the last 10 years</u>		
Present address: _____	From: _____	To: _____
Previous address: _____	From: _____	To: _____
Previous address: _____	From: _____	To: _____
Previous address: _____	From: _____	To: _____

**(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state

aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public