



Hunter Information & Training Program Alaska Department of Fish & Game Volunteer Instructor Application

I am interested in becoming a (you can check more than one):

- ☐ Hunter education instructor
- ☐ Bowhunter education instructor
- ☐ Muzzleloader education instructor

Name _____ Date of Birth _____ SS# _____
(Last) (First) (Middle) (mm / dd / yyyy)

Address _____ City _____ State & Zip _____

Telephone _____ Occupation _____
(Home) (Work) (Cell)

Email _____ Second Email: _____

Name as you want it to appear on your nametag: _____

I have successfully completed a (you can check more than one):

- ☐ Hunter education course
 - ☐ Bowhunter education course
 - ☐ Muzzleloader education course
- If you were not certified in Alaska, please attach a copy of your certification card.*

Have you ever been cited for a violation of state or federal wildlife laws? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please describe the circumstances in detail on a separate sheet.

Briefly describe any teaching or public speaking experience that you have. Use a separate sheet if necessary _____

List any qualifications, experience, special skills, or club memberships pertinent to being a volunteer instructor _____

I learned about becoming a volunteer instructor (you can check more than one):

- ☐ During a certification course
- ☐ From a friend
- ☐ From the ADF&G website
- ☐ Other _____

If accepted as a volunteer instructor for the HIT Program, I agree to conduct classes and support the program in accordance with the policies and standards set forth in the program manual. I certify that I have not committed a misdemeanor, felony, or crime of moral turpitude. I understand that I must furnish the Department of Fish and Game with a copy of my personal history background obtained from either the Alaska State Troopers or the local police department. Any misrepresentation, false statements, or acts of perjury will automatically result in my disqualification as an applicant. I also understand that it is the decision of the Department of Fish and Game to accept or reject my application or terminate my certification process at any time. By my Signature below I will accept the conditions set forth above and outlined in the program manual.

SIGNATURE _____ DATE _____

Return completed application & background check to: ADF&G-HIT Program, 333 Raspberry Rd, Anchorage, AK 99518. Please call (907) 267-2187 with any questions.