Thank you for your interest in becoming a Volunteer Range Safety Officer (VRSO) at the Rabbit Creek Shooting Park (RCSP). RCSP provides hunters and recreational shooters of all skill levels with ranges for handgun, rifle, rimfire, archery, and non-toxic shotgun clay target shooting. The top priority is to provide a safe, enjoyable shooting and educational facility for the residents and visitors of Alaska.

RCSP serves more than 30,000 customers per year, utilizing both staff and VRSO’s to maintain a safe and enjoyable range. VRSOs are people with firearm experience, specialized training, and good people skills. The primary responsibility of a VRSO is to observe customer behavior and ensure safe handling and shooting of firearms, in compliance with RCSP range rules. VRSOs are expected to interact with customers in a calm, reasonable, and professional manner. VRSOs often answer questions regarding basic use of firearms, safety procedures, and general firearms information. Although many VRSOs are also firearms instructors of varying knowledge and experience, this is not a requirement. We have VRSOs who actively help out on various days, times, and on different ranges throughout RCSP, and are always looking for additional people who would like to serve the community as a VRSO.

The following items are required to become a VRSO:

1. **Application form**
   Complete the Request for Criminal Justice Information form and mail it to the address on the form with payment. Send the TWO reports and receipt for the $20.00 fee with your HIT Program application forms. Or you can visit the Alaska State Troopers office to obtain the reports. Be prepared to present two forms of identification (an Alaska Driver’s License or Alaska ID card and another form of identification that shows your signature). A $20.00 fee will be charged by the Alaska State Troopers office for these printouts. Payment for the background check must be either cash or a check written from a local bank.
3. **Firearm Possession form**
4. **Photocopy of NRA Range Safety Officer (RSO) certification card**
   If you haven’t completed this training, you will receive certification as part of your volunteer training.

Once we receive copies of the information listed above, we will setup times to complete the following training to become a VRSO:

1. **Range Policy Training**
   You will spend 1-2 hours with the Range Manager going through the SOP, expectations of a VRSO, and completing a walk-thru of the range.
2. **Range Time with VRSO**
   You will spend 1-2 hours with a veteran VRSO learning about each of the ranges and a VRSOs role.
3. **NRA RSO Certification** (if not completed yet)
RCSP Volunteer Range Safety Officer
Application

Name ____________________________________________ Date of Birth __________________ SS# ________________

(Last) (First) (Middle) (mm / dd / yyyy)

Address ____________________________________________ City ________________ State & Zip ________________

Telephone ____________________________________________ Occupation __________________________

(Home) (Work) (Cell)

Email ____________________________________________

Please list any firearms certifications that you have (ie. NRA RSO, concealed carry, hunter education). Use a separate sheet if necessary.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Briefly describe any experience you have with firearm safety, teaching, and public speaking. Use a separate sheet if necessary.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

List any qualifications, experience, special skills, or club memberships pertinent to being a VRSO
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

If accepted as an RCSP Volunteer Range Safety Officer, I agree to conduct myself and support the program in accordance with the policies and standards set forth in the SOP. I certify I have not committed a misdemeanor, felony, or crime of moral turpitude. I understand I must furnish the ADF&G with a copy of my personal history background obtained from the Alaska State Troopers. Any misrepresentation, false statements, or acts of perjury will automatically result in my disqualification as an applicant. I also understand it is the decision of ADF&G 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.

SIGNATURE ______________________________________ DATE ______________________

Please submit all application items to:
dfg.dwc.rcsp@alaska.gov
or
ADF&G-RCSP
333 Raspberry Road
Anchorage, AK 99518

For additional information or questions, contact the Range Manager at (907) 345-7831.
VOLUNTEER QUALIFICATION INQUIRY

FIREARM POSSESSION

The activities in which you have volunteered to participate require or permit you to possess or use ammunition or a firearm. Therefore, before you may participate in this Fish and Game project, you are required to complete this Qualification Inquiry - Firearm Possession form and deliver it to your project supervisor to be attached to your Volunteer Agreement.

In completing this form, you are advised of the following:

a) You are directed to complete this form. Failure to reply fully and truthfully will result in your restriction from the project.

b) Neither your answers nor any evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

   Yes ☐ No ☐

If your answer to this question is “No,” you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and that you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to your project supervisor.

2. If your answer to question number 1 is “Yes,” provide the following information with respect to the conviction(s), sign this form, and refrain from any volunteer activities until a determination on your volunteer status is made.

   Court/Jurisdiction
   Docket/Case Number
   Statute
   Charge
   Date Sentenced

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for removal from the project, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, and under Alaska State law as unsworn falsification (AS 11.56.210). I agree that I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my project supervisor. I understand that failure to provide such a report is grounds for removal from the project.

Name (Print or type): __________________________________________

Signature: __________________________________________ Date: __________

(Or parent of minor volunteer)

Volunteer for ADF&G Division of Wildlife Conservation, Statewide Programs, Hunter Information and Training Program
# REQUEST FOR CRIMINAL JUSTICE INFORMATION

From the Alaska Criminal History Record Repository

**Original forms must be submitted to:**
Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5767 Fax: (907) 269-5091
Include fee: $20 single copy, $5 each additional copy
Check or money order must be made payable to ‘State of Alaska’

<table>
<thead>
<tr>
<th>Type of information being requested (from the record subject): (Choose ONE)</th>
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</table>
| □ 1. Criminal Justice Information available **only to the SUBJECT**  
  ▪ This report includes all criminal charges and dispositions, including any sealed record.  
  ▪ If the record subject has a sealed record this box MUST be checked □  |
| □ 2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**  
  ▪ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.  |
| □ 3. Criminal Justice Information available to an **INTERESTED PERSON**  
  ▪ This report includes all criminal charges and dispositions, excluding sealed records  
  *Also requesting my Fish & Wildlife Violations report* |

A check or money order payable to the State of Alaska in the amount of $20 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional $5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

**Subject Name:** ____________________________________________

Maiden/Alias name(s): ____________________________________________

Mailing Address: ____________________________________________

City/State/Zip: ____________________________________________

Alaska Drivers License #: ____________________________________________

Date of Birth: __________________________ Sex: □-Male □Female Soc Sec No. __________________________

Telephone: __________________________ Msg: __________________________

**MAILING ADDRESS TO SEND REPORT:**

Name: ____________________________________________

Title: ____________________________________________

Mailing Address: ____________________________________________

City/State/Zip: ____________________________________________

*Please send a receipt along with the reports  
□ If you would like the record faxed to you, provide a Fax Number: ____________________________________________

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject’s Signature __________________________ Date __________________________
Request for Criminal Justice Information
Page 2

Criminal Records and Identification Bureau Use Only

☐ Fee Payment Type ________________________  ☐ Report Sent to Subject ________________________
☐ Fee Waiver/Authorization ______________________  ☐ Report Sent to Requester _______________________
☐ OCA Number ________________________________  ☐ R&I Staff initials ______________________________

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03
Revised 2/24/04
Revised 4/20/04
Revised 11/15/04
Revised 1/13/05
Revised 6/13/05