

Notice: This application is an approval mechanism for Apprentice Instructors wishing to become fully Certified Wisconsin DNR Safety Program Instructors.

- Completion of this form is authorized by s. NR 19.30, Wis. Adm. Code and is required in order to become an instructor.
- Volunteer Instructors must be at least 18 years of age or more and experienced in the field in which they wish to teach.
- Upon completion and submittal of this Application a complete character, background, and criminal history check will occur in accordance with Sections 23.33(5)(b), 29.591, 30.74, and 350.05(2), of Wisconsin State Statutes.
- Information obtained will be reviewed by Recreational Safety Wardens who are not at liberty to discuss the findings.
- Personally identifiable information on this form will be used during your character, background and criminal history checks, safety course notifications, and may also be available in compliance with Open Records requests per ss. 19.31-39 Wis Stats .
- Incomplete applications will be returned to the Sponsoring Instructor.
- **All Volunteer Instructors serve at the discretion of the Department.**
- Volunteers are important and appreciated. Thank You for your interest in serving your community.
- Submit this Application and Apprentice Exam directly to your local Recreational Safety Warden.

Indicate the program(s) you are applying for:

ATV Safety Boating Safety Snowmobile Safety Hunter Safety Bow Hunter Safety

Yes No Instructor Manual Needed

Date of Birth

WDNR Customer ID #: (9 digit Customer #: found on WDNR licenses)

Print Apprentice Name (First, MI, Last)

____/____/____
 mm dd yyyy

Email Address

Male
 Female

Complete Mailing Address: (P.O. Box, Street, City, State, Zip Code)

Phone Number(s) (where we can reach you)

Home: _____

Work: _____

Other: _____

County of Residence _____

Yes No - Have you ever been charged or convicted of any illegal acts related to children, domestic violence or crimes?

As evidence of my desire to become certified, I hereby empower the Department or its authorized representative bearing this release to, while my application for instructor is pending, active, or public, obtain information and records pertaining to me from any or all of the following sources: Selective Service System, any current or previous employer, any school, college, university or other educational institution I may have attended and any law enforcement agencies (including criminal history record checks). I understand that this information is necessary for determining my eligibility and suitability for certification as a Department of Natural Resources Volunteer Safety Program Instructor. Therefore, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

Apprentice's Signature

Date

The following demographic information helps the Department determine our ability to provide access and services for all of our Public. Participation in this survey is voluntary.

Black (not of Hispanic origin) Asian or Pacific Islander American Indian or Alaskan Native Hispanic
 White (not of Hispanic origin) Multi-racial National Origin: _____

<p><u>Apprentice Skills and Abilities:</u> (Policy Procedure Manual)</p> <ul style="list-style-type: none"><input type="checkbox"/> Represents Instructor Corps in a positive manner<input type="checkbox"/> Knowledgeable of subject matter<input type="checkbox"/> Ability to Work in Teams/Groups<input type="checkbox"/> Effective Communication<input type="checkbox"/> Holds student interest and can control class<input type="checkbox"/> Organizational & Planning <p><u>Understands Lesson Plans:</u> (check appropriate program)</p> <ul style="list-style-type: none"><input type="checkbox"/> Hunter Safety<input type="checkbox"/> Snowmobile Safety<input type="checkbox"/> ATV Safety<input type="checkbox"/> Boating Safety	<p><u>Records Management:</u> (Policy and Procedure Manual)</p> <ul style="list-style-type: none"><input type="checkbox"/> Use of Course Registration Card (Form 8500-130)<input type="checkbox"/> Use of Student Registration Forms (Form 8500-112)<input type="checkbox"/> Use of Course Roster (Form 8500-065)<input type="checkbox"/> Will retain Records according to standards set forth in Instructor Policy and Procedure Manual.<input type="checkbox"/> Will use Instructor Policy Procedure Manual as first point of reference for questions <p><u>Training</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Will attend Workshops and Training Sessions <p><u>EXAM</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Apprentice Instructor Exam completed and attached
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APPRENTICE: I certify that I have been trained in the above areas and that the information provided is true and correct. Furthermore, I agree to abide by the standards and policies set forth in the Instructor Policy and Procedure Manual.

Apprentice's Signature: _____ **Date** _____

Apprentice's Printed Full Name (first, middle, last) _____

SPONSOR: Thank you for training this Apprenticing Instructor.

Please review this form with the Apprentice prior to signing off and giving your recommendation.

- Carefully evaluate the Apprentice's Skills, Abilities and Knowledge
- Take time to review and share this form with New Apprentice before each Course
- Take time to complete this form and be sure to contact your RSW if there are any questions

The Apprentice is required to assist teach in a minimum of Two complete courses (list those courses below)

Course	Location of Class	Chapters / Lesson Plans Taught
1.) _____	_____	_____

2.) _____

SPONSOR: Please describe briefly why you recommend this applicant for certification?

- I certify that the above Apprentice Instructor Record is true and accurate.
- Please Update My Address: _____

Contact phone # _____ **Email** _____

Sponsor's Signature: _____ / _____ **Instructor #** _____
Date

Sponsor's Print Full Name (first and last) _____

NCIC DNR CHRI DOT LOCAL _____ Background Completed _____
 Local Warden recommendation _____
 Apprentice **Exam** Received _____ Score _____
 Yes - RSW Approves Apprentice as Certified Instructor

RSW Signature is Required to validate approval. **Date**

NOT approved