

**Notice: This application is the first step for anyone wishing participate in the Safety Instructor Apprenticeship Program or Safety Instructor Certification training sessions. Here's how the process works.**

- 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: 18 years of age or older, experienced in the Safety Program they wish to teach and must not have been convicted of a domestic violence violation or felony.
- Completion and submittal of this Application will initiate a complete character, background, and criminal history check in accordance with Sections 23.33(5) (b), 29.591, 30.74, and 350.05(2), of the Wisconsin State Statutes. Information obtained will be reviewed by Recreational Safety Wardens (RSW's) who are not at liberty to discuss their 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 for compliance with Open Records requests per ss.19.31-39, Wis Stats.
- Applicants can obtain their own background check through a Sheriff's Department.
- Applicants will be notified of application status. Approved applications will be signed by local Recreational Safety Warden.
- **Submit this Application directly to the RSW for your area. RSW contact information is on Page 2.**
- Approved Applicants must complete the Apprenticeship Requirements within 18 months of the approval date.

**If Apprenticeship requirements are not met within 18 months the application becomes void.**

- Apprentices will refer to the Instructor Policy and Procedures Manual and will work closely with their Sponsoring Instructor.
- **All Volunteer Instructors serve at the discretion of the Department.**

**Indicate the program(s) you are applying for:**  
 ATV Safety     Boating Safety     Snowmobile Safety     Hunter Safety     Bow Hunter Safety

Print Applicant Name (Full Legal Name) _____		Date of Birth ____/____/____ mm dd yyyy	WDNR Customer ID #: (9 digit Customer #: on WDNR licenses)
First	(MI)	Last	Email Address _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Complete Mailing Address: (PO. Box, Street, City, State, Zip Code) _____ _____	Phone Number(s) 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.

\_\_\_\_\_/\_\_\_\_\_  
**Applicant's Signature** **Date**  
 I have completed the Safety Course for which I am applying  
 I have a Sponsoring Instructor (fill in the blanks below)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Print) Sponsor's Full Legal Name** **(Telephone)** **(Email)**

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:** \_\_\_\_\_

NCIC     DNR     CHRI     DOT     \_\_\_\_\_

**Yes - RSW Approves Applicant to continue on to the Apprenticeship program**

\_\_\_\_\_/\_\_\_\_\_  
*RSW Signature is required to validate approval. If approved application is valid for 18 months* **Date**  
 **NOT approved**

1.  \_\_\_\_\_ Date **Application received** by Department
2.  \_\_\_\_\_ Date **Desktop Background check** completed
3.  \_\_\_\_\_ Date **Applicant / Sponsor** notification (email, phone, letter)
4.  \_\_\_\_\_ Apprentice **Exam Received** \_\_\_\_\_ Score
5.  \_\_\_\_\_ Applicant Attended **Certification Training** \_\_\_\_\_ Date

Comments \_\_\_\_\_  
 \_\_\_\_\_  
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