



Vermont Fish and Wildlife Hunter Education Program: Teach the Tradition.

Thank you for your interest in furthering the hunting tradition in the state of Vermont! The Vermont hunting legacy can only continue with the participation of outstanding volunteers. Our instructors are safe and ethical hunters who help new hunters get a safe start, and are passionate about passing down the legacy of hunting and general outdoorsmanship. Instructors value game meat and the production of marketable pelts, respect wildlife and the wild lands in which they live, and are active members of the community. If this sounds like

you, apply to become a Hunter Education Instructor today! All instructor applicants must meet these minimum requirements:

- 1) At least 18 years of age (contact us for more information if you are under 18!)
- 2) Minimum 3 years hunting, military, or shooting sports experience
- 3) No felonies, serious misdemeanors or Fish and Wildlife violations
- 4) Undergo and pass a background check conducted by a Fish and Wildlife Game Warden
- 5) Attend and pass an instructor training course
- 6) Must be eligible to buy, own, and possess firearms in accordance with State and Federal law
- 7) Attend at least one banquet or instructor development class every other year
- 8) Teach at least one Hunter, Bowhunter, or Trapper Education class every other year

Currently, Vermont Fish and Wildlife offers three certification courses that you can teach, and two types of continuing education for the new or expanding hunter:

Basic Firearm Hunter Education: Basic Hunter Education is required for the purchase of all hunting licenses. This course covers basic firearm handling and safety, equips students with basic knowledge of the outdoors and wildlife management, as well as beginner hunting techniques. Students also learn about good hunting ethics, survival, first aid, map and compass, hunter responsibility and more!

Bowhunter Education: This course is required to hunt big game with a bow and arrow. Bowhunting proves a unique challenge to hunters, but it allows an extended season to those who accept that challenge. This course readies students with instruction in bows and crossbows, arrows, treestand selection and safety, shot placement and blood trailing, and concentrates on how to make any bowhunting trip safe and successful.

Note: some instructors teach combination courses, which combines the Basic Firearm Hunter and Bowhunter Education classes, and allows students to obtain both certifications in one class.

Trapper Education: This course is required for anyone who wishes to purchase a license to trap furbearers. The aim of this class is to teach students to trap according to Best Management Practices, to trap safely, legally, responsibly, effectively, and ethically. The class also covers pelt refining, and how to work with fur.

Certified Mentor: This is for those established and experienced hunters/trappers who would like to mentor new or interested folks and show them the ropes through time on the range, scouting, or actually getting out in the woods for firsthand experience. A certified mentor can be paired with a new hunter through the Hunter Education office.

Seminars: Continuing education seminars are for the person who has graduated Basic Hunter Education but wants more or to try something new. You can lead a seminar all about whatever your passion is! Examples of past seminars include primitive firearms hunting, beagling, whitetail tracking, food plots and more!

Please fill out the enclosed application and mail or e-mail it to our Hunter Education Program Office to begin your Hunter Education journey!

Please e-mail all applications to HunterEducation@vermont.gov or mail them to:

1 National Life Drive, Dewey 2,
Montpelier, VT 05620

Attn: Instructor Applications/Hunter Education

Fish & Wildlife Department
1 National Life Drive, Dewey Building
Montpelier VT 05620
www.vtfishandwildlife.com

[phone] 802-828-1193
[fax] 802-828-1250
[tdd] 802-828-3345

*Agency Of Natural Resources
Hunter Education Program*

Dear Instructor Applicant:

Thank you for your interest in Vermont's Hunter Education Program! We appreciate your passion for the future of wildlife, wild lands, and our hunting heritage.

After filling out your instructor application, you will need to complete the following forms:

- FBI National Record Check Release Form** – This form must be returned to the Hunter Education Program Office and it must be notarized. Most banks, post offices, and town offices have notaries present with no charge for assistance.
- Request for Information from the Vermont Child Abuse and Neglect Registry** – The front of this form must be completed and returned to the Hunter Education Program Office. Do NOT write on the back of the form.
- Fingerprint information sheet** – Return to the Hunter Education Program Office. The individual who takes your fingerprints must sign this form.
- Vermont Criminal Information Center Fingerprint Authorization Certificate** – This form is returned to the law enforcement center where your fingerprints are taken. If you are asked to pay for the fingerprinting, save the receipt and mail a copy of it along with the Personal Expense Claim form (last page of packet) to our office so that you can be reimbursed. If the law enforcement office does not know where to mail the form, the address is at the bottom of the fingerprinting page.

Please return the required documents via e-mail to HunterEducation@vermont.gov or mail them to the Hunter Education Program Office at the address below. As a reminder: the VT Criminal Information Center Fingerprint Authorization Certificate should not be returned to the Hunter Education Program Office.

After we receive your package, the next steps to certification are:

- 1) Pass the background checks completed by a Game Warden (this requires no extra activity from you)
- 2) Be interviewed by Fish and Wildlife staff
- 3) Successfully pass a new instructor training course (online and in-person components are required)
- 4) Teach a course as an apprentice with a Chief Instructor

Upon the successful completion of your apprentice program, you will be a fully-certified instructor. We will be sure to keep in touch with you throughout this process. You can retain this sheet of paper for your records.

If you have any questions about your certification, or any general Hunter Education queries, feel free to contact us via e-mail at HunterEducation@vermont.gov or by phone at 802-828-1193.

Sincerely,

Nicole Meier
Hunter Education Program Coordinator

Nathan Lafont
Hunter Education Training Coordinator

Please e-mail all applications to HunterEducation@vermont.gov or mail them to:
1 National Life Drive, Dewey 2,
Montpelier, VT 05620
Attn: Instructor Applications/Hunter Education



Vermont Fish and Wildlife
Hunter Education Instructor Application
1 National Life Drive, Dewey 2
Montpelier, VT 05602 802-828-1193
www.VTFishandWildlife.com



Personal Information *All fields are required

| | | | |
|---|---|-------------------|--|
| Desired Certification Disciplines: | <input type="checkbox"/> Trapper Education <input type="checkbox"/> Basic Firearm Hunter Education <input type="checkbox"/> Bowhunter Education <input type="checkbox"/> I would like to be a Certified Mentor but not teach classes | | |
| Name (Last, First, Middle Initial) | | | |
| Date of Birth (mm/dd/yyyy) | | E-mail Address | |
| Mailing Address | | | |
| Town/City | | | State |
| County | | | Zip Code |
| Home Phone Number | | Cell Phone Number | |
| Gender | | | Ethnicity |
| T-shirt size (please specify men's/women's sizing) | | | How would you prefer students to contact you? (please check one or more) Cell Phone: <input type="checkbox"/> Home Phone: <input type="checkbox"/> E-mail: <input type="checkbox"/> |
| How would you prefer the Hunter Education office to contact you about this application? (please check one or more) | Snail Mail: <input type="checkbox"/> E-mail: <input type="checkbox"/> Home Phone: <input type="checkbox"/> Cell Phone: <input type="checkbox"/> | | |

(CONTINUED ON NEXT PAGE)

Please e-mail all applications to HunterEducation@vermont.gov or mail them to: 1 National Life Drive, Dewey 2, Montpelier, VT 05620

Attn: Instructor Applications/Hunter Education

Criminal History

| | |
|--|--|
| Have you ever been convicted of a crime? | |
| Have you ever been convicted of a Fish and Wildlife Violation? | |
| If yes to either question, please explain. | |

Employment History

| | | | | | |
|------------------------|--|---------------|--|-----|--|
| Current Employer: | | | | | |
| Address: | | | | | |
| Current Position Held: | | Date of hire: | | | |
| Supervisor: | | Phone #: | | | |
| Previous Employer: | | | | | |
| Address: | | | | | |
| Position Held: | | From: | | To: | |
| Supervisor: | | Phone #: | | | |

Personal References

| | | | | | |
|---------------|--|-----------|--|---------------|--|
| Reference #1: | | Relation: | | Phone Number: | |
| Reference #2: | | Relation: | | Phone Number: | |
| Reference #3: | | Relation: | | Phone Number: | |

| | |
|---|--|
| Are you currently eligible to buy, own, and possess firearms in accordance with all State and Federal laws? | |
|---|--|

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

By signing my name, I certify that all the information provided is true. I understand that this application will be subjected to a background check through state and federal law enforcement agencies. I authorize the release of my name, address and phone number for departmental purposes (such as disseminating to other instructors), but that my information will not be sold to any third-parties.

Return to VT Fish & Wildlife.
 Must be notarized.

| VERMONT CRIMINAL INFORMATION CENTER NATIONAL CHILD PROTECTION ACT PROGRAM FBI NATIONAL RECORD CHECK RELEASE FORM | | | | |
|--|---------------------------------------|-------|--------------------|---------|
| Qualified Entity | | | | |
| Applicant | Last | First | Middle | |
| Maiden or Alias Names | | | | |
| Social Security # | - | - | | |
| Place of Birth | City/Town | State | | Country |
| Date of Birth | Month | Day | Year | |
| Applicant's Telephone # | Include Area Code and Number - - - | | | |
| RELEASE | | | | |
| <p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the FBI. I understand that the results of that check will be made available to _____ for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p> | | | | |
| Signature of Applicant | | | Date | |
| Identity verified by: | | | Date | |
| NOTARY | | | | |
| <p>_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.</p> | | | | |
| Printed Name of Notary | | | Notary Signature | |
| Commission Number | | | Commission Expires | |



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

Vermont Department of Fish and Wildlife
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D

Return to:
Vermont Fish and Wildlife
Hunter Education Instructor Applications
1 National Life Drive, Dewey Building
Montpelier, VT 05602
802-828-1193
www.VTFishandWildlife.com



Fingerprint Information Sheet

Applicant Name: _____

Date of Birth: _____

Address: _____

Home Phone #: _____

Cell/Other Phone#: _____

E-mail Address: _____

Fingerprints were taken:

(to be filled out by fingerprint authority)

Date: _____

Location/Organization: _____

Taken by: _____

Signature: _____

Was **Fingerprint Authorization Certificate** sent to VCIC?: _____

Fish & Wildlife Department
1 National Life Drive, Dewey Building
Montpelier VT 05620
www.vtfishandwildlife.com

[phone] 802-828-1000
[fax] 802-828-1250
[tdd] 802-828-3345

Agency Of Natural Resources

VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE
45 State Drive, Waterbury, VT 05671

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.***

*Agency Code: 01750VP

REASON FINGERPRINTED:

Adoption Education NCPA–Employment NCPA–Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____ GENDER: FEMALE MALE

PLACE OF BIRTH:

_____ Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: Nicole Meier Date: 1/05/2023

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____