

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:

<u>Basic Firearm Hunter Education</u>: 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.

<u>Trapper Education:</u> 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.

<u>Certified Mentor:</u> 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.

<u>Seminars:</u> 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:



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 <u>must be notarized</u>. 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

Nathan Lafont

Hunter Education Program Coordinator

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				`	W W	LU
Desired Certification Disciplines:	☐ Trapper Education ☐ Ba☐ I would like to be a Certification					whunter Edu	cation
Name (Last, First, Middle Initial)							
Date of Birth (mm/dd/yyyy)		E-mail	Addre	ess			
Mailing Address							
Town/City						State	
County					Zip Code		
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T-shirt size (please specify men's/women's sizing)				students to	d you prefer contact you? ck one or more)	Cell Ph Home P E-mai	hone: \square
How would you prefer the Hunter Education office to contact you about this application? (please check one or more)	Snail Mail: □ E-mail: □	Hom	e Pho	ne: □ C	ell Phone:□		

(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 Histor	ry								
Have you ever l	been convict	ted of a crime?							
Have you ever l Wildlife Violati		ted of a Fish and	d						
If yes to either o	question, ple	ease explain.							
Employment H	istory								
Current Employ	yer:								
Address:									
Current Position	n Held:				Dat	e of hire:			
Supervisor:					Pho	ne #:			
Previous Emplo	oyer:								
Address:									
Position Held:					From:			To:	
Supervisor:					Phone #	# :			
Personal Refere	ences								
Reference #1:			Relation:			Phone Number:			
Reference #2:			Relation:			Phone Number:			
Reference #3:			Relation:			Phone Number:			
Are you currently	eligible to bu	y, own, and posse	ss firearms ir	accordance w	vith all Sta	ate and Fed	eral lav	vs?	
Signature:					D	ate:			

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.

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Maiden or Alias Names						
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Place of Birth	City/Tow	n	State			Country
Date of Birth	Month	Day	Year			
Applicant's Telephone #	Include A	Area Code ar	nd Numbe	er		
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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.

Full Name: LAST FIRST Middle Initial Address: Last four digits of social security number: XXX-XX Phone number: Birth Date: Other FIRST names I have used, if any (i.e. Nicknames, Aliases): Other LAST names I have used, if any (i.e. Maiden Names, Aliases):	Place of Birth: City, State, Country (Type or Print)
Last four digits of social security number: XXX-XX Phone number: Birth Date: Other FIRST names I have used, if any (i.e. Nicknames, Aliases): Other LAST names I have used, if any (i.e. Maiden Names, Aliases):	Place of Birth: City, State, Country (Type or Print)
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Other <u>LAST</u> names I have used, if any (i.e. Maiden Names, Aliases):	
	(Type or Print)
hereby authorize release of any information of reports of abuse, neglect or ex	ploitation 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)	•

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:		
Home Phone #: Cell/Other Phone#:		
Data	Fingerprints were taken: (to be filled out by fingerprint authority)	
Date:		
Location/Organization:		
Гаken by:		
Was Fingernrint Authorization		

Fill out where highlighted and return to Hunter Education Program Office with receipt

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VISION processing only: Update the withholding information on the voucher as needed: Claimant's Signature Date Total amount reportable on a 1099 (Column G)
Total amount NOT reportable on a 1099 (Column A-F) Approver's Signature Date

Total expense reimbursement



Fish & Wildlife Department

1 National Life Drive, Dewey Building Montpelier VT 05620

www.vtfishandwildlife.com

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

802-828-3345

Agency Of Natural Resources Hunter Education Program

<u>VERMONT CRIME INFORMATION CENTER</u> <u>FINGERPRINT AUTHORIZATION CERTIFICATE</u>

[tdd]

APPLICANT: You must bring this cer staff <u>WILL NOT</u> submit your fingerprints to	o VCIC for processing without th	nis form.
REASON FINGERPRINTED: (CHE Adoption Education NCPA	CCK ONLY ONE)	Agency Code: 01750VP -Volunteer Secretary of State
NAME:		
Last	First Mide	dle
MAIDEN/OTHER NAMES:		
DOB:SSN:		
PLACE OF BIRTH:	State	Country
TELEPHONE NUMBER:		
In addition to Vermont, I have residen	d or been employed in the	states circled below:
AL CO DE GA HI ID IL I	N IA KY LA MD M	IA MN MS MO MT
NB(NE) NV NH NM OH	OR RI SC TN UT W	VV WY
I certify that I have read the Priva purpose and uses for which my fin		
Applicant Signature:		
☐ I certify that the above applicant I fee. I understand that the Departmen	* *	*
Our agency is responsible for particle Public Safety will bill my agency for	this record check.	I understand that the Department
Agency Staff Signature:	16 yein	Date: <u>1/2/2025</u>
Print Name/Title:		
IDENTIFICATION CENTER USI	E ONLY:	
TVT:	Date Printed:	
ATTN: ID Center's the foll	lowing fields are required	l <mark>*</mark> before prints can be taken

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification of Procedures to Update an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.