



## Virginia Department of Game and Inland Fisheries Volunteer Application

Please select the program(s) to which you are applying. You may select more than one. If selecting multiple programs, please complete the corresponding sections below.

<input type="checkbox"/>	Boating Safety Instructor	<input type="checkbox"/>	Complementary Work Force (CWF)
<input type="checkbox"/>	Hunter Education Instructor	<input type="checkbox"/>	Outdoor Education
<input type="checkbox"/>	Habitat Education Instructor		

**Must be Completed by All Applicants:**

First Name:	Middle Initial:	Last Name:

Address:

City/State:	Zip:	County:

Gender:	Date of Birth:	SSN or VA Driver License #
<input type="checkbox"/> M <input type="checkbox"/> F		

Phone:		
(h)	(w)	(c)

Email:

Occupation:	Employer:

Employer Address:	City:	State:	Zip:

Briefly describe why you wish to become a DGIF volunteer:

**MUST BE COMPLETED IF APPLYING FOR BOATING SAFETY INSTRUCTOR:**

Teaching Experience:

Date Graduated from Boater Education Course: **(Must complete prior to attending instructor course)**

Instructor Certifications:

Referred by (if applicable):

**MUST BE COMPLETED IF APPLYING FOR COMPLEMENTARY WORK FORCE:**

Special Skills/Licenses:

Interests: **(Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wildlife Damage Inspections | <input type="checkbox"/> Trout Stocking | <input type="checkbox"/> Region/Office Assistance     |
| <input type="checkbox"/> Programs/Presentations      | <input type="checkbox"/> Exhibits       | <input type="checkbox"/> Equipment/Repair Maintenance |

Volunteer Experience:

**MUST BE COMPLETED IF APPLYING FOR HUNTER EDUCATION INSTRUCTOR:**

Teaching Experience:

Date Graduated from Basic Hunter Education Course: **(Must complete prior to attending instructor course)**

Instructor Certifications:

Referred by (if applicable):

**MUST BE COMPLETED IF APPLYING FOR OUTDOOR EDUCATION INSTRUCTOR:**

Teaching Experience:

Date Graduated from Basic Hunter Education Course: (Must complete prior to attending instructor course)  
(Only required if supervising live fire ranges)

Instructor Certifications:

Interests: (Check all that apply)

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Angling | <input type="checkbox"/> Shooting Sports            | <input type="checkbox"/> Outdoor Skills        |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Event / Program Assistance | <input type="checkbox"/> Equipment Maintenance |

**MUST BE COMPLETED IF APPLYING FOR HABITAT EDUCATION INSTRUCTOR:**

Please indicate Facilitator/Instructor training you have completed and are certified in  
(Check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Master Naturalist     | <input type="checkbox"/> Master Gardener       | <input type="checkbox"/> 4H Leader          |
| <input type="checkbox"/> Boy/Girl Scout Leader | <input type="checkbox"/> NWF Habitat Steward   | <input type="checkbox"/> Landscape For Life |
| <input type="checkbox"/> Project WILD          | <input type="checkbox"/> Project Learning Tree | <input type="checkbox"/> Project WET        |

Other:

Field Experience: (Indicate habitat projects you've worked on, and/or other hands-on conservation work)

Instructor Experience: (Indicate groups you've given talks to, or groups you've led programs for, etc.)

Interests: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Setup/Staff Exhibits                   | <input type="checkbox"/> Conducts ½-day or full-day workshops |
| <input type="checkbox"/> Give short presentations (45min-1hour) | <input type="checkbox"/> Assist in office                     |
| <input type="checkbox"/> Other                                  |   |

The undersigned certifies that all information provided on this form is true and complete, and understands that any falsification or omission of information, regardless of time of discovery, may be grounds for denial or dismissal from **any or all** of the volunteer programs. In addition, a violation of the policies and procedures for any of the programs may result in dismissal from **any or all** of the agency's volunteer programs.

The undersigned agrees that upon certification as a ***VDGIF Boating Instructor, Virginia Hunter Education Instructor, Habitat Education Instructor or Virginia Outdoor Education Instructor***, he or she will work within the specified educational program, following all guidelines and requirements set forth by DGIF to provide instruction and assistance to students involved in the course.

The undersigned further agrees that if he or she provides no assistance or instruction during the period of **18** months following the date of certification as instructor, he or she may be dropped from the rolls as a DGIF Instructor and may be required to reimburse DGIF a minimum sum of \$200 for expenses incurred during training.

<b>Applicant Name:</b>	<b>Date:</b>
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**REFERENCES: MUST BE COMPLETED BY ALL APPLICANTS**

Please provide the names and contact information for three character references. Relatives/family members should not be used:

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBERS:	(Day )	(Evening/Cell)
EMAIL ADDRESS:		

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBERS:	(Day )	(Evening/Cell)
EMAIL ADDRESS:		

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBERS:	(Day )	(Evening/Cell)
EMAIL ADDRESS:		

Submit



**Virginia Department of Game and Inland Fisheries  
 CWF/Boating Safety/Hunter Ed Volunteer Programs**

**CERTIFICATION AND AUTHORIZATION FORM  
 CRIMINAL AND TRAFFIC HISTORY RECORDS CHECK**

(Please Type or Print)

Applicant: \_\_\_\_\_  
 First Name Middle Name Last Name (Nickname)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Social Security # or Valid Operators ID # and **State Issued:** \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Have you ever been charged with or convicted of a felony violation of the law?  Yes  No

Have you ever been charged with or convicted of **any** violations of the law, including moving violations?  Yes  No

*(Note: Past violations do not necessarily make you ineligible to participate, but must be disclosed for consideration. Failure to report may lead to automatic denial or dismissal from the program.)*

If you answered **yes** to either of the above questions, please list the offense, any conviction or outcome, and the approximate date of conviction or charge *(use back of form if necessary)* \_\_\_\_\_

The undersigned certifies that all information provided on this form is true and complete, and understands that any falsification or omission of information, regardless of time of discovery, may be grounds for denial or dismissal from the DGIF Volunteer Program. The undersigned further agrees to permit the Department of Game and Inland Fisheries to perform criminal and traffic history records checks as a condition of his/her participation in the DGIF Volunteer Program. *The undersigned agrees that a copy or facsimile of this original authorization may be used to perform these record checks.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DGIF DISPATCH USE ONLY – 'HISTORY' RECORDS CHECK		
CH VCIN/NCIC <input type="checkbox"/>	DGIF RECORDS <input type="checkbox"/>	DMV HISTORY <input type="checkbox"/>
DGIF Dispatcher Initials: _____	Date Checked: _____	Date Mailed: _____
<i>(Attach any related 'History' checks and mail to Region CPO Designee along with the original form)</i>		

DGIF CPO/COORDINATOR REVIEW	
Region: _____	Reviewer(s) Title/Name: _____ <sup>2<sup>nd</sup></sup>
Does Applicant Meet Program Screening Criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide a brief explanation: _____ _____
Reviewer Determination: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Driving Restrictions, If Any? <input type="checkbox"/> None <input type="checkbox"/> Can't Operate State Vehicle	
Date Reviewed: _____	Date Mailed to Volunteer Administrator: _____
Signature of Volunteer Administrator _____ Date: _____	