



LET'S GO FISHING PROGRAM

VOLUNTEER INSTRUCTOR APPLICATION & BACKGROUND CHECK AUTHORIZATION

Name: _____

LAST NAME
FULL FIRST NAME
MIDDLE INITIAL

Mailing Address: _____
STREET

CITY/TOWN
STATE
ZIP CODE

Date of Birth: _____ Daytime Phone: _____

Email: _____

Name to appear on nametag: _____

OFFICE USE ONLY

CERTIFICATION DATE: _____

BCI - OUT: _____

BCI - IN: _____

Fishing Experience: Basic Saltwater Ice Fly

Describe your most memorable fishing experience *(use additional page if necessary)*:

Have you ever had any Fish and Game violations? Please Explain.

Please list the names, addresses and telephone numbers of two references:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected and my services may be terminated.

I fully understand that I will be investigated prior to my appointment as an instructor and I hereby consent to a Bureau of Criminal Records review. Additionally, I also fully understand and consent to recurring investigations and Bureau of Criminal Records reviews that may be conducted while I am affiliated with the Let's Go Fishing Program.

Signature: _____ Date: _____

Each application must bear a current date and original signature

Unless otherwise specified, applications should be returned to:
 New Hampshire Fish and Game Department, C/O Let's Go Fishing Program
 11 Hazen Drive, Concord, NH 03301

