



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:		OFFICE USE ONLY		
		CERTIFICATION DATE:		
Name to appear on nametag	j:	BCI - OUT: BCI - IN:		
Fishing Experience: 🛛 🗋 B	asic 🔲 Saltwater 🛄 Ice 🛄 Fly			
Describe vour most memor	able fishing experience (use additional page if necess	sarv):		
Have you ever had any Fish	n and Game violations? Please Explain.			
lave you ever had any his	Tanu Game violations: Flease Explain.			
Please list the names, addr	resses and telephone numbers of two references:			
I. Name:	Address:	Phone:		
. Name:	Address:	Phone:		
	o willful misrepresentations of the above statements	•		
that should an investigation	ation disclose such misrepresentations, my application	ion may be rejected and my services may be		
terminated.				
I fully understand that I	will be investigated prior to my appointment as an i	instructor and I hereby consent to a Bureau		
	view. Additionally, I also fully understand and conser			
	vs that may be conducted while I am affiliated with			
Chiminal necolus review	vs that may be conducted while I am anniated with			
Signaturo		5.4		
Signature: Each applicat		Lioto		
	ion must bear a current date and original signature	Date:		
	tion must bear a current date and original signature	Date:		
	ion must bear a current date and original signature	Date:		
	tion 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



State of New Hampshire Department of Safety <u>DIVISION OF STATE POLICE</u> Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME							
	LAST	(MAIDEN/ALIAS)	FIRST	MI			
ADDRESS							
	STREET	CITY	STATE	ZIP CODE			
DATE OF BI	RTH	HAIR COLOR	EYE COLOR	SEX			
DRIVER LICENSE NUMBERSTATE							
PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other:							
My signature below certifies I am the individual listed above and that the information provided is true.							
YOUR SIGN	ATURE:		DATE				
Signed under penalty of unsworn falsification pursuant to RSA 641:3.							

SECTION II

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to:

New Hampshire Fish & Game Department Aquatic Education Program "LGF" 11 Hazen Drive Concord, NH 03301

YOUR SIGNATURE		DATE	
NOTARY'S SIGNATURE		DATE	
NOTART 5 SIGNATORE	(Affix Seal)		(Comm. Exp.)
		DATE	
RECIPIENTS SIGNATURE			

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