



NEVADA DEPARTMENT OF WILDLIFE HUNTER EDUCATION PROGRAM



Instructor Number
Office use only _____

Full Name _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ Email Address: _____
Driver's License # _____ Date of Birth: ____/____/____
Social Security No: ____/____/____ Gender: _____ EEO: _____
Do you need any reasonable accommodations to perform as a Hunter Education Instructor: ____

Have you ever been convicted of a crime? ___Y ___N
Have you ever been convicted of a Fish & Game Violation? ___Y ___N
If yes to either question, please describe: _____

Current Employer: _____
Address: _____
Years _____ City: _____ State: _____ Zip: _____
Do you know of an instructor you wish to team teach with? If so list the other instructor: _____

The areas below list the various sections of a hunter education course. After reviewing the list, check those areas in which you would be comfortable teaching based on your current knowledge. If there are some sections you do not feel you could teach without some training, leave them blank.

- | | |
|--|--|
| <input type="checkbox"/> Hunter Responsibility | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Firearms History | <input type="checkbox"/> Wildlife Identification |
| <input type="checkbox"/> Rifles | <input type="checkbox"/> Wildlife Management |
| <input type="checkbox"/> Shotguns | <input type="checkbox"/> Nevada Wildlife Laws |
| <input type="checkbox"/> Handguns | <input type="checkbox"/> Game Care, Field & Home |
| <input type="checkbox"/> Ammunition | <input type="checkbox"/> Survival |
| <input type="checkbox"/> Muzzle loading | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Shooting | |

Please list your hobbies or other activities: _____

Notice to applicants: Federal and state laws require that all applicants be considered without regard to race (EEO), sex, age, national origin or differently challenged individuals. We believe in and fully support these areas to enable NDOW to address items when we undergo Federal Aid compliance audits. Your application will be given every consideration whether or not this information is provided. This information is confidential.

I understand this application will be subjected to a background check through State and Federal Law Enforcement Agencies

Signature: _____ Date: _____