



## Idaho Hunter Education Program Application for Instructor Certification



*Thank you for your willingness to be part of Idaho's Hunter Education program  
and your desire to help shape the next generation of hunters!*

Check all that apply:    ☐ Hunter Ed.    ☐ Bowhunter Ed.    ☐ Trapper Ed.    ☐ Employee

\_\_\_\_\_  
Name - last, first, middle (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Gender ☐ Male  
☐ Female

I have instructed in: ☐ Firearm Safety    ☐ Industry/Trade    ☐ Other (please specify)  
(check all that apply) ☐ School (certified teacher)    ☐ Armed Services    \_\_\_\_\_  
☐ Scouts, Youth Groups    ☐ Church    \_\_\_\_\_

If certified as a Hunter Education Program Instructor, I will contribute the necessary time to instruct and certify new hunters in my community.

I agree to follow approved course curriculum, to abide by all Department directives and established policy/procedure requirements, and to represent the Idaho Department of Fish and Game in a professional manner at all times.

I agree to accept my responsibility as an Idaho Hunter Education Program Instructor to pass along to those entrusted to me as much knowledge and skill as possible, and that I will not knowingly certify any person who does not meet course standards.

I understand that my certification as an instructor is contingent upon my being active in the Hunter Education Program, and that my purpose in applying for certification as an instructor is to contribute to the goal of raising up the next generation of safe and ethical hunters.

I offer and agree to volunteer my services without compensation in wages to assist the Idaho Department of Fish and Game as a Hunter Education Instructor in accordance with the following understandings:

- Although this volunteer service will not confer on me the status of a State employee while acting within the scope of this agreement, I will be deemed to be as if I were a State employee for purposes of the following:
  - State Tort Claims Act, which protects a State employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties.
  - State Workers' Compensation Act, which authorizes compensation for work-related injury.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: