



**A minimum of two references (not related to you) are required. Please provide the following information:**

Reference #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO City State Zip Code

Contact phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Best time of day to contact: \_\_\_\_AM \_\_\_\_PM

Reference #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO City State Zip Code

Contact phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Best time of day to contact: \_\_\_\_AM \_\_\_\_PM

**Please list one alternate reference:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO City State Zip Code

Contact phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Best time of day to contact: \_\_\_\_AM \_\_\_\_PM

**I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED THROUGH THE ARIZONA DEPARTMENT OF PUBLIC SAFETY.** I state that I am not prohibited under any state or federal law from possessing firearms, and declare that I have not been convicted of a misdemeanor crime of domestic violence and am not currently the subject of a domestic violence restraining order. I hereby consent to the Department contacting the references listed in this application. If selected, I agree to attend an Arizona Game & Fish Department (AGFD) Hunter Education New Instructor Training course. I will contribute the hours prescribed by the Hunter Education Office as outlined in the Program Policy and Procedure Manual. By my signature below, I certify my understanding and willingness to comply with AGFD Hunter Education policy and State of Arizona requirements regarding the protection and nondisclosure of personal identification information obtained from students in the course of their participation in a Hunter Education class or activity. I further understand that I am subject to criminal prosecution and/or civil liability and other penalties for any unauthorized use, disclosure or failure to control student information in my care and custody. I will not knowingly certify any person who does not meet all the requirements necessary for certification. I further understand that the Arizona Game & Fish Department may, at its discretion, revoke my volunteer status at any time, for any reason or for no reason. I certify that all of the information on this application is true and correct and that any omissions or inconsistencies may be cause for termination. False or fictitious statements or the concealment of a material fact is punishable as a felony pursuant to Arizona Revised Statutes §13-2311.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please mail or fax the completed form with copies of certifications to the Hunter Education Coordinator (fax 623-236-7903).*

Arizona Game and Fish Department  
Hunter Education Program  
5000 West Carefree Hwy  
Phoenix, Arizona 85086

**FOR QUESTIONS CALL:**  
Hunter Education Program  
1-800-824-2456

DEPARTMENT USE ONLY:

APPLICATION RECEIVED: \_\_\_\_\_ APPROVED FOR TRAINING: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_