

Mail to: State of Wisconsin
 Department of Natural Resources
 LTH Coordinator - LE/8
 PO Box 7921, Madison WI 53707-7921
 dnr.wi.gov
 FAX: 608-266-3696

**Mentor Background Check Authorization
 For Educational Outdoor Skills Programs**
 Form 4100-217 (R 2/11)

Fax To: *(Handwritten arrow pointing to the fax number)*

Notice: This application is an approval mechanism for adults wishing to become certified Wisconsin Outdoor Skills mentors. Completion of this form is authorized by s. NR 19.30, Wis. Adm. Code and is required in order to become a mentor. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

- Application must be submitted **30 days** (hunting) or **15 days** (fishing) prior to mentor participation.
- Applicants will be notified within 30 days if approved or not
- Volunteer Mentor must be at least 18 years of age and experienced in the field in which they wish to teach. Completion of a WDNR-sponsored or approved training workshop is recommended in the case of Angler Education.
- Upon completion and submittal of this Application a complete character, background, and criminal history check will occur in accordance with Sections NR 19.30 Wis. Adm. Code. Authorized mentors are rechecked every five (5) years.
- Information obtained will be reviewed by the Bureau of Law Enforcement; findings will only be discussed with applicant.

All Volunteer Mentors serve at the discretion of the Department.

Mentor Information

Print Legal Name - Last	First	MI	Date of Birth	Gender <input type="radio"/> Male <input type="radio"/> Female
Email Address			DNR Customer ID (9-digit Hunt/Fish License No.)	
Complete Permanent Mailing Address (P.O. Box and Street)			Telephone Numbers (include area code)	
City	State	ZIP Code	Home:	
County of Residence			Work:	
Mobile:				

- Yes No Are you a Wisconsin certified safety instructor? If yes, enter Safety Instructor Number: _____
- Yes No Have you ever been charged or convicted of any illegal acts related to children, domestic violence or crimes, or any DNR violations?

Program Being Applied For

- Learn to Fish Program Angler/Aquatic Education Instructor Learn to Hunt Program (Mark species below)

Species hunted more than FIVE (5) years:

- Deer Waterfowl Small Game Turkey Pheasant Bear

Background Check Authorization and Certification

As evidence of my desire to become certified, I hereby empower the Department or its authorized representative bearing this release to, while my mentor application is pending, active, or public, obtain information and records pertaining to me from any or all of the following sources: Selective Service System, any current or previous employer, any school, college, university or other educational institution I may have attended and any law enforcement agencies (including criminal history record checks). I understand that this information is necessary for determining my eligibility and suitability for certification as a Department of Natural Resources Volunteer Mentor. Therefore, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

As a mentor, I understand the goals and expectations of the educational outdoor skills activities. I also understand the responsibilities I assume as a mentor in promoting the future of hunting, shooting, and fishing through these programs. Knowing the goal, responsibilities, and expectations I agree to meet them and model them through my participation as a mentor. I agree that the department may make appropriate inquiry into my criminal history, character, and background to determine the suitability for my proposed activity.

Applicant Signature	Date
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The following demographic information helps the Department determine our ability to provide access and services for all of our Public. Participation in this survey is voluntary.

- Black (not of Hispanic origin) Asian or Pacific Islander American Indian or Alaskan Native
 White (not of Hispanic origin) Multi-racial National Origin: _____

DNR Use Only			
Region <input type="checkbox"/> NER <input type="checkbox"/> NOR <input type="checkbox"/> SCR <input type="checkbox"/> SER <input type="checkbox"/> WCR <input type="checkbox"/> CO		Background Check <input type="checkbox"/> CHRI <input type="checkbox"/> DNR <input type="checkbox"/> DOR <input type="checkbox"/> Violator Compact	
Local Warden Name	Local Warden Signature	<input type="checkbox"/> Local <input type="checkbox"/> NCIC	<input type="checkbox"/> Other _____
LTH Coordinator Name	LTH Signature (required)	<input type="checkbox"/> Background Completed	Date
Comments:			