



State of Iowa  
 Department of Natural Resources  
 Law Enforcement Bureau  
 502 E 9<sup>th</sup> St  
 Des Moines IA 50319-0034

Apprentice Instructor/Mentor  
 Apprentice # \_\_\_\_\_  
 Active Instructor/Mentor  
 Active Instructor/Mentor # \_\_\_\_\_  
 Application Complete

## IOWA RECREATIONAL SAFETY EDUCATION INSTRUCTOR/MENTOR APPLICATION

*Print or Type.*

**This is an application for certification for the following program: (Check one)**

Hunter Education     Bow Hunter Education     Fur Harvester Education     Mentor     Participant

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last, First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ IS IT PERMISSIBLE TO CALL YOU AT WORK?  Yes  No

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female RACE: \_\_\_\_\_

County of Residence: \_\_\_\_\_ County Where Planning to Teach: \_\_\_\_\_

Date student certification received: \_\_\_\_\_ State in which certified: \_\_\_\_\_ Certification #: \_\_\_\_\_

Have you ever been certified as a Volunteer Instructor/Mentor for the DNR?  Yes  No

If so, when and what did you teach and/or mentor? \_\_\_\_\_

Indicate teaching, mentoring and/or special training experience: _____	How long have you lived in Iowa? _____
--	--

Give two references who are knowledgeable of your qualifications to become an Education Instructor/Mentor:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Last, First Middle

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ IS IT PERMISSIBLE TO CALL AT WORK?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Last, First Middle

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ IS IT PERMISSIBLE TO CALL AT WORK?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of a:

Felony:  Yes  No    Conservation Violation (fishing, hunting, trapping):  Yes  No    Misdemeanor Crime of Domestic Violence:  Yes  No

If yes, describe in full: \_\_\_\_\_

I understand certification is granted and may be revoked at the direction of the Department of Natural Resources and renewals made periodically as deemed necessary by the Department. I further authorize the Department to conduct a background investigation prior to such certification. Completion of this application does not guarantee certification.

Signature

Date

FOR DEPARTMENT USE ONLY: To be completed by local Conservation Officer

Personal interview comments:

---

---

---

---

---

---

References inquiries – who contacted & comments:

---

---

---

---

---

---

---

---

**Date**

\_\_\_\_\_ DCI check completed (attach network reply when record exists) \_\_\_\_\_ initials

\_\_\_\_\_ DNR multiple offender check completed (attach record) \_\_\_\_\_ initials

Recommend Certification  Yes  No

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

**When information is completed, forward to RSO**

To be completed by RSO:

Date

Date

\_\_\_\_\_ Apprentice Copy Sent to Des Moines

\_\_\_\_\_ Sent to Conservation Officer

\_\_\_\_\_ Workshop Attended

\_\_\_\_\_ Returned to RSO by CO

\_\_\_\_\_ Copy sent to Central Office

Recommend Certification  Yes  No

DNR Number: \_\_\_\_\_

\_\_\_\_\_  
RSO

\_\_\_\_\_  
Date

Please return to: