

GOVERNOR, KIM REYNOLDS

LT. GOVERNOR, CHRIS COURNOYER

DIRECTOR, KAYLA LYON

VOLUNTEER ARCHERY INSTRUCTOR ACKNOWLEDGEMENT FORM

I have been provided with a copy of the respective teaching materials for the program for which I am certified; in addition to the Volunteer Archery Instructor Responsibilities and Requirements and Code of Conduct which details the guidelines for the Iowa Department of Natural Resources (DNR) archery related programs and the requirements for being a Volunteer Archery Instructor.

I have had a chance to read these guidelines and ask any questions regarding them.

I agree to teach the archery program according to the guidelines established by the DNR and the archery programs respective governing body and use the course materials which are approved and provided by the department.

I understand that there are requirements that I must meet to maintain an active certification as a Volunteer Archery Instructor for the DNR, and that these requirements have been provided to me.

I also understand that I must sign, date, and return this Acknowledgement Form in the provided postage paid envelope to the DNR in order for my certification to remain active.

If you are not certified within the Archery in the Schools please put N/A for the BAI certification number. If you do not know your BAI number please put unknown.

Please print				
Name:				DOB:
(First) (N	⁄liddle)	(Last)		
Address:			County:	
City:		State:		Zip:
Phone Number:	Email:			
BAI # (in NASP Database):				
Certified Archery Instructor Program	i (ie NASP, EB):			
School(s) or Program Associated wit	h:			
School Teacher Folder Number:				
Signature:			Date:	