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Wisconsin Department of Natural Resources
 DPSRP, R3/8
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 FAX: 608-266-3696

Mentor Background Check Authorization For Educational Outdoor Skills Programs

Form 4100-217 (R 07/21)

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

- ✓ Application must be submitted **30 days** (hunting or trapping) or **15 days** (fishing) prior to mentor participation (**address/email/fax above**).
- ✓ Applicants will be notified within 30 days if approved or not.
- ✓ Volunteer Mentors must be at least 18 years of age and experienced in the field in which they wish to teach. Completion of a Department-approved training workshop is recommended for Angler Education.
- ✓ Upon completion and submittal of this application a complete character, background and criminal history check will occur in accordance with s. NR 19.30 Wis. Adm. Code. Authorized mentors must submit the Mentor Background Check Authorization every five years.
- ✓ Information obtained will be reviewed by the Division of Public Safety and Resource Protection; findings will only be discussed with applicant.

All Volunteer Mentors serve at the discretion of the Department.

Mentor Information

Legal First Name	MI	Last Name	Date of Birth	Gender <input type="radio"/> Male <input type="radio"/> Female
Email Address			DNR Customer ID	
Complete Permanent Mailing Address (P.O. Box and Street)			Telephone Numbers <i>(include area code)</i>	
City	State	ZIP Code	Home:	
County of Residence			Work :	
Mobile:				

- Yes No Are you a Wisconsin certified safety instructor?
- 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(s) Applying for:

- Learn to Fish Angler/Aquatic Education Learn to Hunt (mark all species below) Learn to Trap

Species hunted more than FIVE (5) years:

- Bear Deer Pheasant Raccoon Small Game Turkey Waterfowl Other: _____

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 goals, 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.

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

DNR Use Only			
Region <input type="radio"/> CO <input type="radio"/> NER <input type="radio"/> NOR <input type="radio"/> SCR <input type="radio"/> SER <input type="radio"/> WCR		Background Check <input type="checkbox"/> CHRI <input type="checkbox"/> DNR <input type="checkbox"/> DOR <input type="checkbox"/> Violator Compact <input type="checkbox"/> Local <input type="checkbox"/> NCIC <input type="checkbox"/> Other: _____	
Warden/Outdoor Skills Trainer	Signature	Date Received	Date Completed
State Learn to Hunt Coordinator	Signature <i>(required)</i>		
Comments:			