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State of Wisconsin
Department of Natural Resources (DNR)
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

WDNR Cust ID #
assigned by Dept

Apprenticeship Application For Volunteer Safety Instructors

Form 8500-161 (R 02/2024)

Important

- This application is the first step for anyone wishing to participate in the instructor apprenticeship program.
- Applicants must be 18 years of age or older, be or become a graduate of the safety program they wish to teach and must not have been convicted of a domestic violence violation or felony.
- Completion of this form is authorized by NR 19.30 Wisconsin Administrative Code and is required for consideration.
- Personally identifiable information on this form will be used during your character, background and criminal history checks, safety course notifications, and may also be available for compliance with Public Records Requests per State Statutes 19.31-39.
- Completion and submittal of this application will initiate a complete character, background, and criminal history check in accordance with State Statutes 23.33(5) (b), 29.591, 30.74, and 350.05(2) and information obtained will be reviewed by Outdoor Skills Trainer (OST's) who are not at liberty to discuss their findings.
- After completion send application to your [local Outdoor Skills Trainer](#).
- If approved, a candidate has 18 months to complete their certification requirements.
- All volunteer instructors serve at the discretion of the Department.
- Candidates will be notified of application status.
- Candidates can obtain their own background check through a local law enforcement agency.

Safety Program(s) applying for:

- ATV UTV Boating Hunter Ed Hunter Ed Internet Field Day
 Bow Hunter Snowmobile Wingshooting Shooting Range

- Are you a graduate of the safety course for which you are applying? Yes No

Background

- Have you ever been arrested, charged or convicted of an act related to domestic violence, children or other crimes? Yes No

Background Check Release

I hereby empower the Department or its authorized representative bearing this release to 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 Safety Program Instructor. 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 or request to release information or any attempt to comply with it.

Date _____

Applicant's Signature _____

Sponsor's Name _____ WDNR Customer ID # _____ E-mail _____

Applicant Information

Applicant Name (PRINT full legal name)		Date of Birth		Gender	DNR Customer Identification Number
First	Last	MI	mm / dd / yyyy	<input type="radio"/> Male <input type="radio"/> Female	CID #
Residence Address:		City	State	ZIP Code	County of residence
PO Box Address (if applicable)		City	State	ZIP Code	E-mail
Phone Number(s)		Home:	Cell:	Work:	

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 Hispanic
 White (not of Hispanic origin) Multi-racial National Origin _____

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DNR USE ONLY

Local OST Check		If candidate is approved, local warden check will be completed after receiving the candidate's Instructor Training Record and Application Form 8500-162
<input type="checkbox"/> CCAP	<input type="checkbox"/> DNR Citations <input type="checkbox"/> DOJ, CHRI & NCIC <input type="checkbox"/> DOT	
<input type="radio"/> Yes - OST approves candidate for apprenticeship <input type="radio"/> No - OST does not approve		
_____ / _____		
OST Signature. <i>*If approved by OST this application expires 18 months from this date</i>		
1. Date application was received _____		
2. Date desktop background check was completed _____		
3. Applicant and sponsor notified (check all appropriate) <input type="radio"/> e-mail <input type="radio"/> phone <input type="radio"/> letter		
4. Exam received <input type="radio"/> Yes <input type="radio"/> No Score _____		