



# APPLICATION FOR YOUTH HUNTING PROGRAM OF FLORIDA YOUTH HUNTER

Youth Name: \_\_\_\_\_  
Last First Middle

Mailing address \_\_\_\_\_  
Street/PO Box City

\_\_\_\_\_  
State Zip

Please provide name of parent or guardian to contact for further information:

Contact Name: \_\_\_\_\_  
Last First Middle

E-mail: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

What kind of hunting are you interested in? (You may check more than one.)

\_\_\_\_ Rifle      \_\_\_\_ Shotgun      \_\_\_\_ Bow

Landowner Name: \_\_\_\_\_

To be put on our mailing list to receive youth hunting information, please complete and return this registration form to:

Youth Hunting Program of Florida  
c/o Florida Fish and Wildlife Conservation Commission  
620 South Meridian Street  
Tallahassee, FL 32399-1600  
(850) 413-0084 (850) 413-7989 (fax)  
MyFWC.com



# APPLICATION FOR YOUTH HUNTING PROGRAM OF FLORIDA LANDOWNER/HUNTING CLUB

Contact Name: \_\_\_\_\_  
Last First Middle

Mailing address \_\_\_\_\_  
Street/PO Box City

State Zip  
Phone: Day ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Landowner Name: \_\_\_\_\_

Location of Property: \_\_\_\_\_

County: \_\_\_\_\_ Size of Property \_\_\_\_\_

Describe lodging if available: \_\_\_\_\_

Describe any cooking facilities if available: \_\_\_\_\_

If there is no available lodging or cooking facilities can we camp at the site? \_\_\_\_\_

You are willing to donate the use of your property for the following hunts (check all that apply)

\_\_\_\_\_ Deer \_\_\_\_\_ Turkey \_\_\_\_\_ Hog \_\_\_\_\_ Dove  
\_\_\_\_\_ Small Game \_\_\_\_\_ Other (please specify) \_\_\_\_\_

After we receive your application, we will contact you to view the property and discuss the hunt. In the meantime, if you have additional questions, please call us at (850) 413-0084.

Youth Hunting Program of Florida c/o Florida Fish and Wildlife Conservation Commission  
620 South Meridian Street, Tallahassee, FL 32399-1600  
(850) 413-0084 (850) 413-7989 (fax)  
MyFWC.com



# APPLICATION FOR YOUTH HUNTING PROGRAM OF FLORIDA VOLUNTEER

Name: \_\_\_\_\_ Preferred: \_\_\_\_\_  
Last First Middle

Mailing address \_\_\_\_\_  
Street/PO Box City

\_\_\_\_\_ State Zip

Date of birth \_\_\_\_\_ Drivers license # \_\_\_\_\_  
Mo/day/year

Social Security # \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Are you willing to volunteer as a: (place a check beside appropriate areas)

\_\_\_\_\_ Hunt Guide \_\_\_\_\_ Cook \_\_\_\_\_ Range Coordinator

\_\_\_\_\_ Hunter Safety Instructor \_\_\_\_\_ General Assistant

Are you or have you ever been a: (place a check beside all answers that apply)

Hunter Safety graduate \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Hunter Safety instructor \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

4-H volunteer or member \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Scout volunteer or member \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Hunter \_\_\_\_\_ How many years \_\_\_\_\_ Volunteer with other youth organizations \_\_\_\_\_

Summarize: \_\_\_\_\_

\_\_\_\_\_

Wildlife/Conservation experience \_\_\_\_\_

Summarize: \_\_\_\_\_

Participant in a YHPF hunt or activity \_\_\_\_\_

Summarize: \_\_\_\_\_

What is your motivation to be a youth hunt volunteer? \_\_\_\_\_

Describe your hunting experiences and/or other qualifications: \_\_\_\_\_

Have you ever been convicted of a felony (i.e. game law violation or domestic abuse)?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain.)

Have you ever been convicted of any charges that preclude you from possessing or handling firearms?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain.)

References: List two persons not related to you who have a definite knowledge of your qualifications. Must include complete address and phone number.

Name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I fully understand that, in order to protect myself and the Florida Youth Hunting Program, I may be investigated prior to my appointment as a YHPF Volunteer. I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a YHPF Volunteer. If selected as a Volunteer, I agree to abide by the philosophies of the YHPF and to fulfill the volunteer responsibilities to the best of my ability.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have any questions or would like further information, please contact us at (850) 413-0084.**



# **CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY**

For the protection of our youth and the Florida Youth Hunting Program, we require volunteer background checks. Each volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Florida Youth Hunting Program of Florida Wildlife Association to perform the criminal background search.

I HEREBY GIVE MY PERMISSION FOR THE FLORIDA YOUTH HUNTING PROGRAM OF FLORIDA, AND/OR THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES. THIS MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION, THE WILDLIFE FOUNDATION OF FLORIDA, EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER.

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Applicant's Signature

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Date

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Please Print Name