

Trapper Education Instructor Application



Instructions:

1. PLEASE PRINT. Complete both sides of this application. Circle answers where appropriate.
2. Send the completed application to: Ontario Fur Managers Federation or your sponsoring Provincial Treaty Organization.

Last Name	First Name	Middle Initial(s)

Street Address, P.O. Box, R.R. #		

City, Town, Village		Postal Code
_____		_____
Telephone Number (Home)	Telephone Number (Cell)	Email Address:
(____) _____	(____) _____	_____

Date of Birth (YYYY/MM/DD)	Outdoors Card Number:	
____/____/____	708158 _____	

Languages Spoken/Fluent in:	English <input type="checkbox"/>	French <input type="checkbox"/> Other _____

Are you a licenced trapper?	Yes No	If yes, Licence No. _____

Are you a resident of Ontario?	Are you a successful graduate of the Fur Harvest, Fur Management & Conservation Course?	Number of years of active trapping experience:
Yes No	Yes No	0-3yrs 4-9yrs 10+yrs

Do you have a valid Ontario Outdoors Card with hunting accreditation?		
Yes No		

Have you been in possession of, and actively harvesting fur under a valid trapping licence for the current year and for each of the five (5) years prior to applying to become an instructor?		
Yes No		

If selected for instructor training and certification, do you agree to abide by the Ontario Trapper Education Program Standards to ensure that all students receive proper instruction in fur management techniques and learn to promote sustainable and responsible trapping?		
Yes No		

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Have you ever had your trapping and/or hunting privileges suspended and/or been found guilty or been convicted of an offence under the:

- | | | |
|--|------------|-----------|
| - <i>Fish and Wildlife Conservation Act, 1997</i> | Yes | No |
| - <i>Ontario's Endangered Species Act, 2007</i> | Yes | No |
| - <i>Canada Migratory Birds Convention Act, 1994</i> | Yes | No |
| - <i>Canada's Fisheries Act or Ontario Fishing Regulations</i> | Yes | No |

If yes to any of the above, provide details of the conviction(s):

Please indicate what teaching experience you have. Check those that apply and if necessary provide details in space provided. Provide a summary of your experience on an additional page if required.

- Teaching adults
- Teaching youth
- Firearms instruction
- Safety training
- Coaching/teaching sports or other activities
- Teaching participants with special needs
- Teaching/presenting with visual aids and/or other technology

Provide a few details as to why you wish to become a Trapper Education Instructor. Attach an additional page if required.

Personal information contained on this form is collected under the authority of the Fish and Wildlife Conservation Act, 1997 and will be used for the purpose of licensing, identification, enforcement or administration. For questions related to collection, use or retention of this personal information, contact: Education Programs Coordinator, Ministry of Natural Resources and Forestry, 300 Water Street, Box 7000, Peterborough ON, K9J 8M5, (705) 755-2553.

I hereby authorize the Ministry of Natural Resources and Forestry to conduct any necessary searches with respect to myself for any unpardoned convictions deemed to be detrimental to the position of an Ontario Trapper Education Instructor. My signature below further indicates the information included on this application is true.

Print Name

Date

Signature