

MN DNR Certified Recreational Vehicle Youth Safety Instructor Applicant

Check List of Required Documents

Applicants are required to bring the following completed documentation to the training session:



- #1 - Volunteer Instructor Application**
BCA background check completed. (2 pages) Signature required

- #2 - BCA POR Form**
Applicant fills out BCA POR form. (1 page) Signature required

- #3 - Volunteer Agreement**
Applicant reads and by signing agrees to follow safety program policies and procedures. (1 page) Signature required

- #4 - ATV/Snowmobile Certification**
A) Applicant provides photocopy of ATV/Snowmobile student certificate.
(completed class within preceding five years)

OR

- B) Applicant provides voucher/certificate of completion from
ATV/Snowmobile CD program or temporary certificate from traditional
snowmobile course.

- #5 - Volunteer Instructor Precertification Worksheet**
Applicant uses Volunteer Procedure Manual to complete worksheet and
answer for question #1 found on DNR website in safety training webpage.
(4 pages)

- #6 - Instructor Training Supplemental Information**
This form allows applicant(s) to provide information related to
ATVs/Snowmobiles/Off-Highway Motorcycles/ Off-Road Vehicles &
Instructing experience. (2 pages)

We recommend all applicants keep copies of all paperwork

VOLUNTEER YOUTH SAFETY EDUCATION INSTRUCTOR Precertification Worksheet

Complete this precertification worksheet and bring it to the instructor training session. The answers to questions 1 -17 are found in the Volunteer Instructor Procedures (VIP) manual; they are presented to help the instructor to learn and understand its contents.

Important: Incomplete worksheets will not be accepted and you will not be allowed to be certified.

DNR Enforcement Education Program Staff have developed and written the Volunteer Instructor Procedures Manual. The Division of Enforcement has a number of educational programs; the VIP manual serves volunteer instructors for all of the safety programs. To maximize the time the Regional Training Officer has during the classroom segment of certifying instructors, volunteer instructor applicants are asked and expected to study and become familiar with the VIP manual prior to the classroom portion of the instructor certification process. At the instructor-training session you will receive a 3-ring binder that will contain written copies of the VIP manual and additional course related documents.

Please use the online version of the 76 page VIP manual to study and become familiar with it. Go to the DNR website to download the VIP manual at <http://www.dnr.state.mn.us/safety/instructors/index.html>.

The VIP manual is in an Interactive format and can be viewed without printing the entire document.

Please note: One of the first important statements for an instructor to understand is found in the VIP page ii-1 under the Introduction section.

“As a volunteer DNR instructor, you are not in private practice, but rather you are an employee of the DNR even though you receive no pay. You must teach the DNR-approved curriculum. You are expected to work cooperatively with your colleagues. As a DNR volunteer instructor, you are in the position of helping students enhance the quality of their lives. Positive behavioral changes will result from your efforts as an instructor.”

Complete the following 17 questions:

1. DNR safety training courses are open to students at the minimum age* of _____ and their certificates become valid at the age of _____.

*Exception – Bowhunter education program (students must be age 12 with FAS certificate prior to enrolling)

2. What is the DNR Enforcement’s mission?

3. Once certified as an instructor, who is he/she responsible to?

4. Why is there a “Touching is Out” policy for volunteer instructors?

5. The VIP lists nine points related to conduct of instructors. Summarize 3 points.

VOLUNTEER YOUTH SAFETY EDUCATION INSTRUCTOR Precertification Worksheet

6. All DNR safety education programs are covered by the State of Minnesota's Risk Management Fund, General Liability Policy. In the event of an accident or incident, what procedures should be followed?

7. Fees are required to be paid by each student. Be familiar with the specific fees payable to the DNR for your type of safety class. Optional fees are allowed. Additional course fees shall not be collected in order to to a volunteer instructor.

7a. Give 3 to 4 examples of allowable expenses to charge Optional fees? (look in V.I.P 1-7)

8. Briefly summarize how an instructor can earn students respect?

9. Volunteer instructors have "expectations of students". Name some of those expectations. (VIP manual has 8 listed) Please list four expectations.

10. When administering the written examinations, instructors may find that several students have reading comprehension difficulty. Arrangements should be made for an instructor to _____ the examination to students so they can fully understand exam questions.

11. What does Cooperative learning refer to?

12. Base groups are an intrinsic part of cooperative learning activities; what are the rules for base groups?

13. What is "body language"? Give an example and explain why it is important.

14. The _____ instructor is responsible for completing and mailing the required course rosters to the DNR safety training office at Camp Ripley.

**VOLUNTEER YOUTH SAFETY EDUCATION INSTRUCTOR
Precertification Worksheet**

15. What is the “title” of the form that must have a parent/guardian provide a signature for those under age 18? (Form becomes temporary safety permit once a student has passed the course).

16. List the documents that must be completed and sent to Camp Ripley upon completion of a safety course.

16a. How many days does the principle instructor have to send them in?

17. After studying the VIP manual please write down any question(s) or list concerns you have that you would like to have discussed at the training session:

This completed form must be brought to the training session

NOTE:

If you need help on a specific question, please feel free to contact the Regional Training Officer in your area.

A statewide Map is available on the DNR website to download.

See Safety Instructors webpage - <http://www.dnr.state.mn.us/safety/instructors/index.html>

Look under *Contact Us* for RTO map information. Map has telephone and email contact information.



**Department of Natural Resources
Division of Enforcement**

**Volunteer Instructor Application &
Information on
Volunteer Instructor Background Checks**

Why are background checks being done?

The Commissioner of Natural Resources was granted specific authority to conduct background checks for department safety training programs under authority 84.027 (17). The Minnesota Child Protection Background Check Act M.S. 299C.60 to 299C.64 was enacted into law in 1992. The Act creates a procedure for finding out whether someone has been convicted of a crime that is inconsistent with working around children. Applicants will not be required to directly or indirectly pay the cost of the background check.

How will the background checks be done?

The Commissioner shall perform the background check by retrieving criminal history data maintained in the criminal justice information system (CJIS) and other data sources. All you need to do is fill out the Instructor Application within this document. The information you provide will be used to run a check to identify any misdemeanors, gross misdemeanors or felony convictions you may have for game & fish laws, DNR laws, DWI, traffic laws and child protection background check crimes. The results of this check will only be available to DNR staff and to you upon written request.

What are my rights in this process?

You do not have to give consent for a background check. But you will be disqualified if you do not consent to a background check. The volunteer instructor applicant who is the subject of a background check has the right to:

- (1) be informed that the commissioner will request a background check on the applicant;
- (2) be informed by the commissioner of the results of the background check and obtain a copy of the background check;
- (3) obtain any record that forms the basis for the background check and report;
- (4) challenge the accuracy and completeness of the information contained in the report or a record; and
- (5) be informed by the commissioner if the applicant is rejected because of the result of the background check.

What is a background check crime?

Minnesota Statutes, section 299C.61 designates in law, offenses as child protection background check crimes. In summary background check crimes include:

The following crimes committed against any individual:	The following crimes committed against a minor victim:	The following controlled substance crimes:
<ul style="list-style-type: none"> ▪ Murder ▪ Manslaughter ▪ Felony-level assault ▪ Kidnapping ▪ Arson ▪ Criminal sexual conduct ▪ Prostitution-related crimes 	<ul style="list-style-type: none"> ▪ First degree murder while committing child abuse ▪ Any assault against a minor ▪ Domestic assault ▪ Soliciting, engaging in, inducing, promoting or profiting from prostitution involving a minor ▪ Criminal sexual conduct, first through fourth degrees ▪ Soliciting a child to engage in sexual conduct ▪ Malicious punishment of a child ▪ Neglect or endangerment of a child including firearms access 	<ul style="list-style-type: none"> ▪ The sale of any controlled substance to a minor ▪ Conspiring with or employing a minor to sell controlled substances ▪ Any sale, distribution, or possession of any controlled substance (including marijuana) in a school zone, park zone, public housing zone or treatment center



Information and instructions: State and federal laws prohibit certain individuals from possessing firearms. You are being asked to complete this form so the DNR can make sure that you, as a firearms or hunter education instructor, may legally possess firearms when you are teaching DNR classes. If you are prohibited from possessing firearms you may still be allowed to assist with the course in an aspect that does not involve possessing or handling firearms.

You are not required to complete this form. But if you do not, you will be disqualified from service as a DNR volunteer firearms instructor. Only you, and those in the DNR who need this information to administer departmental educational programs, will have access to the information you provide.

This form contains information about the legal restrictions on possessing firearms. After you have read through the restrictions, you will be asked whether any of them apply to you. Please note that phrases in *italics* have special meanings that can be explained by the DNR staff member providing this training. If you have questions ask them.

The following is a summary of state and federal restrictions on the possession of firearms:

Felony behavior:

- You must not have been convicted in any court of a crime *for which the judge could have imprisoned you for more than one year*. But note, this restriction does not apply if your civil rights were restored at some point after the conviction.
- You must not be presently charged with a crime *for which the judge could imprison you for more than one year*.

Crimes of violence:

- You must not have ever been found guilty of committing a *crime of violence* in Minnesota or elsewhere. But note, this restriction does not apply if:
 - your civil rights were restored prior to August 1, 1993
- You must not presently be in a pretrial diversion program for committing a *crime of violence*.

Crimes and court orders relating to domestic violence:

- You must not have been convicted in any court of a *misdemeanor crime of domestic violence*.
- You must not be subject to a court order that includes all three of the following situations:
 - (1) was issued after a hearing of which you had actual notice and at which you had an opportunity to participate; and
 - (2) restrains you from harassing, stalking, or threatening an *intimate partner*, or child of an *intimate partner*, or your own child, or engaging in conduct that would place an *intimate partner* in reasonable fear of bodily injury to that person or a child; and
 - (3) includes a finding that you represent a credible threat to the physical safety of such *intimate partner* or child or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such *intimate partner* or child that would reasonably be expected to cause bodily injury.
- You must not be under a court order or court sentence prohibiting you from possessing firearms.

Substance abuse and related crimes:

- You must not be an unlawful user of any controlled substance as defined in Minnesota Statutes, Chapter 152.
- You must not have been convicted for the unlawful use, possession, or sale of a controlled substance (other than conviction for possession of a small amount of marijuana as defined in Minn. Stat. ' 152.01, subd. 16).
- You must not have been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana. But note, this prohibition does not apply if you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you have not abused a controlled substance during the previous two years.
- You must not have been confined or committed to a treatment facility, in Minnesota or elsewhere, as chemically dependent. But note, this prohibition does not apply if you have completed treatment.
- You must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency. But note, this prohibition does not apply if you possess a certificate from the head of the treatment facility discharging or provisionally discharging you from that facility.

Mental illness:

- You must not have been judicially committed to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded , or mentally ill and dangerous to the public.
- You must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded, mentally ill and dangerous to the public or found incompetent to stand trial or not guilty by reason of mental illness. But note, this prohibition does not apply if you possess a certificate from a medical doctor or psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from that disability.

Citizenship and obligations relating to citizenship:

- You must not be an alien who is illegally in the United States.
- You must not have renounced your United States citizenship.
- You must not have been discharged from the armed forces of the United States under dishonorable conditions.
- You must not have fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings.

Note: Applicant's should keep information booklet and submit application to trainer.



Region	Station #	County #	Instructor ID# for office use only	
Licensed Peace Officer POST #	City you plan on instructing in:	Training class location:	Training Class date:	
NAME: (Last)	(First)	(Middle Name)	DATE OF BIRTH: / / (Month / Day / Year)	
ADDRESS: (Street & Apt. Number)		(City)	MN (State)	(Zip Code)
DRIVERS LICENSE #	PHONE include area code:(H)			
E-Mail Address	W-			
CHECK THE TRAINING YOU ATTENDED: (θPlease complete Firearms Possession Certification included below for these programsθ)				
<input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile <input type="checkbox"/> Bow Hunter Education <input type="checkbox"/> Youth Firearms Safety θ <input type="checkbox"/> Advanced Hunter Education θ <input type="checkbox"/> Turkey Clinic <input type="checkbox"/> Bear Clinic <input type="checkbox"/> Waterfowl Clinic <input type="checkbox"/> Deer Clinic <input type="checkbox"/> Small Game Clinic <input type="checkbox"/> Range Clinic <input type="checkbox"/> Other _____				

Please place an **X or checkmark** in the appropriate boxes below. You must answer all questions completely and provide all requested information.

1. Have you ever been convicted of a crime?

For purposes of this question, the term “crime” includes misdemeanor, a gross misdemeanor, a felony or a charge that results in a stay of imposition of sentence. **DWI’s and DUI’s are included in this definition and should be disclosed. DNR violations are also included in this definition and should be disclosed. (DO NOT INCLUDE PETTY MISDEMEANORS.)**

The term “**conviction**” includes a finding of guilt by a jury or judge, an admission of guilt or plea of guilty, or any “no contest” or Alford Plea (a plea without an admission of guilt). You are considered convicted whether the sentence is stayed or executed.

YES NO -If you answered “yes,” you must provide the action, location(s), date(s) and the agency involved for each conviction.

2. Have you ever been referred to a pre-trial diversion program after being arrested?

YES NO -If you answered “yes,” you must provide the action, location(s), date(s) and the agency involved

3. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, murder, assault, or any other crime involving violence?

YES NO -If you answered “yes,” you must provide the offense(s), date(s), location(s) and the law enforcement agency involved.

4. Are any criminal charges currently pending against you in Minnesota, any other state or Country?

YES NO -If you answered “yes,” you must provide the offense(s), date(s), location(s) and the law enforcement agency involved.

5. Has your driver license been suspended or revoked in the last five years?

YES NO -If you answered “yes,” you must provide the date.

6. **Have you ever been hospitalized or treated for alcohol, drugs or substance abuse?**

YES NO -If you answered "yes," you must explain the action, location, date and the agency involved.

7. **Have you ever had an instructor certification revoked, suspended or denied in Minnesota or in any other state?**

YES NO -If you answered "yes," you must explain the action, location, date and the agency involved.

8. **Have you ever voluntarily surrendered an instructor certification or other education certification or license?**

YES NO -If you answered "yes," you must explain the action, location, date and agency involved.

9. **Have you ever had a legal name change or used other names?**

YES NO - If you answered "yes," you must explain the action, location, date and agency involved.

If you answered yes to any of questions # 1-9 please use the space below to explain each one according to the written instructions

***Firearms Possession Certification for Youth Firearms Safety and Advanced Hunter Education Instructors ***

Please place an **X or check mark** in **ONE** of the three boxes below. If you X or check the box 1 or 2, the DNR staff member conducting this training will determine whether you are actually prohibited from possessing firearms.

If you X or check the box 3, no further action will be necessary.

I have reviewed the restrictions on firearms possession on pages 2 and 3 of this application, and:

Box 1. I believe that at least one of the restrictions applies to me.

Box 2. I am not sure whether any of the restrictions apply to me or not.

Box 3. None of the restriction applies to me. I may lawfully possess firearms.

I have read the information listed in this volunteer instructor application packet.

I authorize the Commissioner of the Minnesota Department of Natural Resources and the Superintendent of the Minnesota Bureau of Criminal Apprehension to conduct a background check on me. I authorize the Commissioner of Human Resources to disclose commitment information to the Department of Natural Resources to the extent the information relates to my ability to possess a firearm. This authorization expires one year from the date of signature.

I swear or affirm that the information that I have given herein is true and correct, and understand any purposeful misrepresentation of facts shall be considered grounds for denial or revocation of instructor certification.

(Applicant Signature)

(Date)

Regional Training Officer

Date:

Conservation Officer Approval

Date:

YES NO

**VOLUNTEER RECREATIONAL VEHICLE
EDUCATION YOUTH SAFETY INSTRUCTOR
Instructor Training Supplemental Information**



Instructions for completing the Instructor Training Supplemental Information form:

Complete this form with your personal information (such as name and address). Other information you provide us will be used to determine eligibility as a volunteer safety instructor and allows Regional Training Officers to assess your previous life experiences. Blank spaces or *N/A* responses on this form **will not** disqualify applicant during the background process.

First	Middle	Last
Address (include Apt #)		
City	State	Zip

1. I have recreational vehicle operating experience with: (Check boxes that apply)

ATV: No Yes 1 – 5 yrs 6 – 15 yrs 15 plus yrs

Snowmobile: No Yes 1 – 5 yrs 6 – 15 yrs 15 plus yrs

Off-Highway Motorcycle (OHM): No Yes 1 – 5 yrs 6 – 15 yrs 15 plus yrs
(Dirtbikes)

Off-Road Vehicle (ORV): No Yes 1 – 5 yrs 6 – 15 yrs 15 plus yrs
(Jeeps, 4x4s)

2. Currently, during the riding season I ride:

ATV- 3-Wheeler ATV-Class 1 ATV-Class 2 Snowmobile OHM ORV
(side x side)

For approximately hours a month.

3. I have teaching experience with the following:

ATV Snowmobile OHM ORV

3a. Does teaching experience involve instructing youth (under age 16): No Yes

3b. If **Yes**: Where did it take place?

3c. When did it occur?

3d. What was your role?

**VOLUNTEER RECREATIONAL VEHICLE
EDUCATION YOUTH SAFETY INSTRUCTOR
Instructor Training Supplemental Information**



4. Previous MN ATV/Snowmobile safety instructor number or other safety program instructor
Number # Program

5. I belong to the following civic, motorized recreation and/or conservation organizations.
(Please list number of years involved)
(i.e. NOHVCC, ATVAM, MnUSA, ARMCA, MN4WDA, local ATV/Snowmobile/OHM/ORV club, etc.)

6. I have taught or currently teach the following activities:
(courses/programs that you have been associated with in a teaching format; if none, note N/A).

7. I have volunteered or am currently a volunteer with the following organizations:

8. I currently hold certifications for the following ATV/Snowmobile/OHM/Outdoor safety related programs:
(indicate if student or instructor certification; ATV Safety Institute instructor, Motorcycle Safety Foundation instructor, ATV/Snowmobile/Firearms safety certificate, CPR, First Aid, other related certifications; if none, note N/A.)

Reminder

You must bring this completed form to the instructor training session.



**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First	Middle	Last
Maiden/Former Last Name(s)		
Date of Birth mm/dd/yyyy / /	Social Security #	
Driver's License Number	Issuing State	
Current Address	City & State	Zip

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to **Minnesota Department of Natural Resources** any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the **Minnesota Department of Natural Resources** from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: MN BCA, POR Unit, 1430 Maryland Avenue E., St. Paul, MN 55106.

For Bureau of Criminal Apprehension Use Only

_____ No Predatory Offender History Exists _____ Predatory Offender History Exists
(See attached)

Completed By: _____

Date Processed: _____

A copy of this signed release will be kept on file at the Minnesota Dept. of Natural Resources Division of Enforcement



VOLUNTEER YOUTH SAFETY INSTRUCTOR



Volunteer Agreement

Applicant information:

First	Middle	Last
Street Address (include Apt #)		
City	State	Zip
Date of Birth (mm/dd/yyyy) / /	Phone Number &/or Email	

Please indicate the Volunteer Safety Instructor Position you are applying for:

<input type="checkbox"/> Hunter Education Firearms Safety	<input type="checkbox"/> ATV Safety Education	<input type="checkbox"/> Snowmobile Safety Education	<input type="checkbox"/> Trail Ambassador
<input type="checkbox"/> Bow Hunter Education	<input type="checkbox"/> Advanced Hunter	<input type="checkbox"/> Wildlife Species Clinic	

I fully understand and agree to follow the Minnesota Safety and Education Program Policies and Procedures set forth in the Volunteer Instructor Procedures Manual. I further understand that any violation of the policies or procedures associated with the instructor manual, and associated updates or amendments, or failure to perform the duties at a level which meets or exceeds the standards of the program, may lead to decertification as an instructor. (VIP 1-5)

I, the undersigned, have read this and understand the terms herein. Refusal to provide a signature will result in no further consideration for me as a volunteer safety instructor with the division of enforcement.

SIGNATURE

PRINTED NAME

DATE

Important: Form must be signed by the student applicant and presented to the RTO at the training session.

This section to be completed by Regional Training Officer

RTO signature	
Location of training	
Date	

The Division of Enforcement maintains a file on all the information received from applicants. Upon request applicants/instructors are entitled to the information collected.