

# Pat Arnold Youth Trapping Camps

sponsored by the New York State Trappers Association

## Volunteer Application

**OCTOBER 5-8, 2018** (Please indicate which camp you wish to attend)

Camp Mandaville 165 Sheldon Rd, Winthrop, NY 13697 (Northern Camp) \_\_\_\_\_

Camp Pack Forest 276 Pack Forest Rd, Warrensburg, NY 12885 (Eastern Camp) \_\_\_\_\_

Camp Rushford 8717 Rush Creek Rd, Caneadea, NY 14717 (Western Camp) \_\_\_\_\_

Thank you for expressing an interest in becoming a volunteer at the Pat Arnold Youth Trapping Camps sponsored by the New York State Trappers Association. The success of the camps depends on many people including the volunteers who assist with various aspects of the camp operation. The Camp Administrator Nate Brock will review your application and will contact you when spots are available.

Please fill out the required information and review the Task requirements for the volunteers listed below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

DOB: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you trap? Yes/No What animals do you trap? Water/Land/Both How long have you trapped? \_\_\_\_ Years

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No If yes, Please explain

Can you attend the entire event? Yes/No. If No what days would you be available for? \_\_\_\_\_

### Task Requirements:

- Assist Mentors with various aspects of hands on instruction, including but not limited to Trapping, Skinning, and Fur Handling.
- Assist with Food Prep, Cooking, Cleaning, and assisting with Seminars.
- Maintenance tasks

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return forms to:

**Nate Brock**  
**2225 McDowell Rd**  
**Lockwood, NY 14859**  
**(252) 639-1708**

# New York State Department of Environmental Conservation (DEC)

## Hunter Education Program (HEP)

### Consent to Background Check

I understand that I must consent to a criminal background check as a condition of my volunteer status at the Pat Arnold Youth Trapper's Camps. This check includes a criminal history search, an environmental violations background check and a sexual offender registry check. I hereby give my consent for and authorize the DEC HEP to conduct a criminal background check relative to my status as a volunteer. The personal information provided on this form, and any information obtained from the background checks, will be treated as private pursuant to the Personal Privacy Protection Act. I affirm under penalty of perjury that all statements made on this form are true. I understand that I must complete this form and consent to a background check in order to volunteer at the Pat Arnold Youth Trapper's Camps.

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

**Complete each field below. Print clearly with black or blue ink.**

Name (as it appears on your driver's license or non-driver's ID): \_\_\_\_\_

Any other legal names used (maiden name, legal name change): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

County: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Date of birth (MM/DD/YY): \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_