

# Pat Arnold Youth Trapping Camps

sponsored by the New York State Trappers Association

**OCTOBER 7-10, 2022** (Please indicate which camp you wish to attend)

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

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

## Volunteer/Mentor Application (All applicants will be thoroughly screened)

First Name \_\_\_\_\_ Address \_\_\_\_\_

Last Name \_\_\_\_\_ Middle \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
DOB: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you trap?  Yes  No How long have you trapped? \_\_\_\_\_ Years

What animals do you trap?  Water  Land

Please indicate if you are an Instructor. If yes, please indicate number of years and the region you instructed in.

Trapper Education Instructor Hunter Education Instructor Bow Hunter Education Instructor

Yes  No  Yes  No  Yes  No

# of Years \_\_\_\_\_ Region: \_\_\_\_\_ # of Years \_\_\_\_\_ Region: \_\_\_\_\_ # of Years \_\_\_\_\_ Region: \_\_\_\_\_

Other \_\_\_\_\_

DEC Instructor Certification Number

Do you have any teaching experience other than above?  Yes  No

If Yes explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's License?  Yes  No

Do you have a reliable vehicle?  Yes  No

How many students can legally ride/fit in your vehicle \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct.

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Signature Date

Return forms to:

Nate Brock

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

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### Interested in becoming a Mentor/Volunteer?

- • The Camp is always Columbus Day weekend. Mentors should arrive on Friday in the afternoon if possible to tour the property and scout the area, but if they are not able to then by Friday evening at the latest and you will be cold rolling on Saturday.
- • Mentors are expected to take the kids afield to trap and teach as you go.
- • Mentors are expected to provide their own vehicle which 2 to 3 students will need to ride in.
- • Mentors are expected to bring their own traps and equipment for the kids to use.
- • Mentors will have 2-3 kids in the am and 2-3 kids in the pm.
- • Mentors are expected to bring their fur handling tools as all caught fur will be processed. All trapped animals will be humanely dispatched or released.
- • Mentors are allowed to bring a firearm for dispatching animals. The firearms will be secured in a gun safe at Camp except when checking traps. Students are NEVER allowed to use firearms.
- • Mentors are not allowed to smoke or chew in the presence of the students.
- • Mentors are expected to use proper language.
- • Mentors are expected to sleep in the cabins with the students and are responsible for making sure they are at their scheduled events on time.
- • Mentors are responsible for making sure the cabins and bathrooms are clean on Monday prior to leaving camp.
- • The Camp will end at 1:00pm on Monday at which time the Mentors may leave. If you have a conflict we may be able to work around it.
- • Lodging and meals will be provided for all Mentors. You will only be required to bring your own sleeping bag, pillow and bathing supplies. There are showers available.
- • The use of alcohol and or drugs in any form is prohibited at and during the camp weekend.

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## 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 \_\_\_\_\_