

**New Jersey Division of Fish and Wildlife
R3 Mentor (WCC) Application**

Name: _____	Date of Birth: ___/___/___
Address: _____	City: _____
County: _____	State: _____ Zip code: _____

Primary phone: _____

Email: _____

NJ Firearms Purchaser ID Card #: _____ List if another state: _____

Education: *High school diploma or GED: Yes No

College Degree: No Yes: _____ or Years Completed: 1 2 3 4

Major: _____

New Jersey Hunter Education Courses (list all completed): <small>Please note if any obtained in another state.</small>		
Shotgun: _____	County: _____	Year: _____
Archery: _____	County: _____	Year: _____
Firearms: _____	County: _____	Year: _____
Rifle/muzzleloader: _____	County: _____	Year: _____

Employer: _____	Title: _____
Work Address: _____	
Major responsibilities: _____	
Length of employment: _____	

References: (List those, other than relatives, who can attest to your character, hunting/shooting activities, and other qualities)

1. Name: _____ Day phone: _____ Ext: _____
Address: _____

2. Name: _____ Day phone: _____ Ext: _____
Address: _____

3. Name: _____ Day phone: _____ Ext: _____
Address: _____

*Required of all R3 Mentor applicants.

R3 Mentor (WCC) Application (page 2)

Select the hunting/target shooting discipline(s) and game specie(s) you are interested in mentoring for:

Shotgun Rifle/muzzleloader Archery

Deer Turkey Waterfowl Upland game birds Small game

Other (specify) _____

List any license(s), certification(s), registration(s), special training(s) or skill(s) possessed which may be useful when mentoring a new hunter or target shooter (i.e. as First Aid, CPR, etc.); list expiration dates if applicable:

What experience do you have that will be of value to the R3 Mentor Program?

Please briefly tell us why you want to become an R3 Mentor.

Please list any membership(s) to hunting and/or sporting organization(s):

Please note any restrictions or commitments which may affect your availability to mentor:

R3 Mentor (WCC) Application (page 3)

Have you ever been arrested, convicted, or indicted for a criminal offense? No Yes

If yes, state disposition, municipality and date: _____

Have you ever been issued a summons, arrested, or convicted of a Fish and Wildlife violation?

No Yes Year _____

Please identify any physical or medical conditions (including allergies and medication which you take) that might affect your activities, or which should be brought to the attention of the Division of Fish and Wildlife to enable them to provide information should you need treatment in any emergency situation. Disclosure of this information will not disqualify you from volunteer service. (Be sure to inform your fellow mentors and/or mentee while working with them).

Applicants will be required to successfully complete a New Instructor Training, which includes orientation materials, policies, and procedures related to mentoring hunters and target shooters. Applicants are subject to a background check to verify information. All mentors are required to attend a minimum of one seminar or workshop each year and continue to mentor in an order to maintain active mentor status. For further information, call 856-629-1014 regarding the R3 Mentor Program.

Signature: _____ Date: _____

Mail completed application to:
NJ Division of Fish and Wildlife
R3 Mentor Program
220 Blue Anchor Road
Sicklerville, NJ 08081
Or
Fax: (856)-629-5044

Email completed application to:
r3mentoredhunt@dep.nj.gov

DO NOT WRITE BELOW THIS LINE

Date received: _____
Background check completion: _____
New mentor training: _____
Accepted/Rejected: _____

Evaluation notes:

