

17. Are you certified in first aid? YES NO. If yes, please enclose a copy of your current certificate.

18. Please list any special skills you feel would benefit the field school:

19. Have you ever been convicted of any crime, including sex-related or child abuse related offenses?

YES NO,

explain: _____

20. Have you ever been convicted of any charges that preclude you from handling/possessing firearms?

YES NO,

explain: _____

PROFESSIONAL REFERENCES *Please provide the names of 3 professional references:*

Name	Phone	Relationship

BACKGROUND CHECK

A background check will be conducted for all adult team leader applicants. The service provider charges a \$15 fee for each background check. **Please include a check for \$15 (made out to PICE) with your application.** The background check will only be conducted if you have been selected as a Team Leader participant. _____
Check (#) enclosed

*If accepted as a Team Leader, you will also be required to provide copies of: **Pennsylvania State Police Request for Criminal Records Check (Act 34)** and **Department of Public Welfare Child Abuse History Clearance (Act 151)**. If you do not have current copies of these documents, you will be required to obtain them prior to field school.

By my signature, I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

Signature

Date

Please mail this form, the Authorization to Release Information Form, and a check for \$15, BEFORE April 15th to the Program Coordinator at:

Attn: Michele Kittell, Program Coordinator
PA Institute for Conservation Education
Field Office: 212 Market St. Apt 1
Lewisburg, PA 17837

AUTHORIZATION TO RELEASE INFORMATION

you must put YOUR FULL NAME

Last Name *First Name* *Middle Name*

Current Address *Dates Lived Here*

Addresses for the past 7 years (include street, city, zip code) *Date of Residence*

_____	_____
_____	_____
_____	_____
_____	_____

Date of Birth *Other Names Used (incl. maiden)* *Years Used*

Social Security Number

By my signature, I certify that the information provided on this application is true and correct to the best of my knowledge and belief. I authorize the Wildlife Leadership Academy and the Pennsylvania Institute for Conservation Education to make whatever inquiries necessary of any person or organization to verify the information provided in this application and accurately determine my qualifications. I understand that the inquiries required will include a criminal history and sexual offense background check. By my signature I hereby release and hold harmless Pennsylvania Institute for Conservation Education, from any and/or all liability, which might arise in connection with the release of any information to Pennsylvania Institute for Conservation Education, in connection with this application.

Printed Name

Signature

Date