



New Jersey Division of Fish and Wildlife
R3 Mentee Application
OWNJ Mentored Turkey Hunt



Recruit | Retain | Reactivate

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

Primary phone: _____

Email: _____

Have you taken and passed a Hunter Education course? Please note that all participants for hunting workshops will be required to have either a hunter education certificate or be eligible for an Apprentice License in the State of New Jersey.

- Yes
- No

Hunter Education Courses (list all completed):

Shotgun: _____	State: _____	County: _____	Year: _____
Archery: _____	State: _____	County: _____	Year: _____
Firearms: _____	State: _____	County: _____	Year: _____
Rifle/muzzleloader: _____	State: _____	County: _____	Year: _____

What is your Conservation Identification Number (CID): _____

Have you purchased a hunting license in New Jersey?

- Yes
- No

Have you ever hunted before? *(If you answer "No", skip to page 2).*

- Yes
- No

If you answered "Yes" to the previous question, how many times have you hunted?

- Fewer than 5
- 5-10
- More than 10

What species of game did you hunt?

Did you harvest an animal?

- Yes. If yes, what species did you harvest and approximately how many: _____
- No

How long has it been since you last hunted?

Do you have family members or friends that hunt?

- Yes
- No

What is their relation to you and what do they hunt? Please list the reason(s) you have not learned to hunt from them.

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

- Shotgun Rifle/Muzzleloader Archery
 - Deer Turkey Waterfowl Upland game birds Small game Other (specify below)
-

Do you have a preference on the gender of your mentor? *We will do our best to accommodate your request.*

- Female
- Male
- No preference

Do you have a preference on the age of your mentor? *We will do our best to accommodate your request.*

- Yes
- No

What age bracket would you like your mentor to fall within? *(Check all that apply)*

- 18-25
- 26-35
- 36-45
- 46-55
- 55+
- Any age is fine by me

Do you have any physical limitations, that would require special accommodations? *Answering "yes" will not affect your ability to participate in the program.)*

- Yes
- No

Please describe your limitations.

Do you have any accommodations that will enhance your ability to participate in the program? *(It is understood that things like work and family play a role in availability.)*

How far are you willing to travel to participate in the program? *(This could include in person meets with your mentor, range time, scouting, and hunting site, for example.)*

- Less than 25 miles
- Less than 50 miles
- Less than 75 miles
- Less than 100 miles
- Over 100 miles

Have you ever been issued a summons for violating any fish and game laws?

- Yes
- No

Please explain and list the date(s) of the offense(s).

Please describe your reason for wanting to learn to hunt or target shoot.

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

If yes, state disposition, municipality, and date: _____

How did you hear about our program?

- NJ Fish and Wildlife social media
- NJ Fish and Wildlife website
- R3 Monthly Newsletter
- Another organization's social media, please list _____
- Another organization's website, please list _____
- Other _____

Are you applying for a specific event? If so, what is the event and why are you interested in participating.

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 an 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 are subject to a background check to verify information.

Signature: _____ Date: _____

Email completed application for the OWNJ Mentored Turkey Hunt

to: karen.byrne@dep.nj.gov

DO NOT WRITE BELOW THIS LINE

Date received: _____
Background check completion: _____
Accepted/Rejected: _____
Event: _____

Evaluation notes:

