

19. Please describe your experience with maintaining records and monitoring health care, etc.:

20. Please describe why you are interested in being a Health Care Coordinator at the Wildlife Leadership Academy:

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

YES NO,

explain: _____

22. 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 REQUIREMENTS

National Background Check: A national background check will be conducted by the Institute for selected Health Care Coordinator.

Pennsylvania State Police Request for Criminal Records Check (Act 34) & Department of Public Welfare Child Abuse History Clearance (Act 151): These background checks are required to be no more than **ONE YEAR** old from the last date of the field school. If you are selected to be the Health Care Coordinator and do not have current copies of these documents, you will be required to obtain them yourself and submit them by **May 1**. **If these documents are not submitted to the Academy Director by the deadline, you will not be able to attend the 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 and that I have read and understand the background check requirements.

Signature

Date

Please mail this application, the Authorization to Release Information Form, and your resume by March 1st to the Academy Director: Michele Kittell, PA Institute for Conservation Education, Field Office: 206 Market St., Lewisburg, PA 17837 **Applications will be reviewed as they arrive.**

AUTHORIZATION TO RELEASE INFORMATION

you must put YOUR FULL NAME

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
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Email

<i>Current Address (include street, city, zip code)</i>	<i>Dates Lived Here</i>
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<i>Addresses for the past 7 years (include street, city, zip code)</i>	<i>Date of Residence</i>
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<i>Date of Birth</i>	<i>Other Names Used (incl. maiden)</i>	<i>Years Used</i>
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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