

Operations Office  
512 SE 25th Ave.  
Pratt, KS 67124-8174



Phone: (620) 672-5911  
Fax: (620) 672-3013  
www.ksoutdoors.com

Christopher Kennedy, Secretary

Laura Kelly, Governor

## KANSAS BOATING EDUCATION COURSE INSTRUCTOR APPLICATION

This application expresses my intent and willingness to receive training on policies, procedures, and standardized content of the Kansas Boating Education Course. I understand that I must be 21 years of age or older and meet the minimum qualifications listed in the position description.

**Complete and submit this application**

**By Mail:**

KDWP Boating Education  
512 SE 25<sup>th</sup> Ave  
Pratt, Kansas 67124

**By Email:**

Chelsea.hofmeier@ks.gov

Please type or print

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you plan to teach the Boating Education Course in a School setting? Yes No

If yes, Please list Name of School(s)

\_\_\_\_\_

Do you have any special communication skills (i.e.; multilingual)

Describe: \_\_\_\_\_

\_\_\_\_\_

List and describe any teaching or public speaking experience:

\_\_\_\_\_

\_\_\_\_\_

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Require Prerequisite: Attach a copy of your Kansas Boating Education Course certificate.

List any other boating courses you have successfully completed. Indicate which courses are NASBLA approved, if known. (attach copy of certificate(s) if available)

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Indicate years of experience in operation of the following types of boats:

\_\_\_\_\_ Inboard      \_\_\_\_\_ I/O      \_\_\_\_\_ Outboard      \_\_\_\_\_ PWC      \_\_\_\_\_ SUP  
\_\_\_\_\_ Sailboat      \_\_\_\_\_ Canoe      \_\_\_\_\_ Kayak      \_\_\_\_\_ Other: \_\_\_\_\_

List any counties in which you are interested in teaching the Kansas Boating Education Course:

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Are you a Certified Hunter Education Instructor?      Yes      No

If yes, please provide your Hunter Education Instructor Number (if known) \_\_\_\_\_

Have you ever been convicted of a felony?      Yes      No

If convicted, explain: \_\_\_\_\_

Have you ever been charged with domestic violence?      Yes      No

If convicted, explain: \_\_\_\_\_

Have you ever been adjudged a sexual offender?      Yes      No

If convicted, explain: \_\_\_\_\_

Have you ever been convicted of violating any KDWP laws or regulations?      Yes      No

If convicted, explain: \_\_\_\_\_

I hereby certify that all statements on this application are true and correct to the best of my knowledge. I am aware that all statements contained herein may or will be verified and that willful misrepresentation will result in denial of this application. I grant permission for KDWP to conduct an annual background investigation for the information of any criminal record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved:

☐

Yes

☐

No

Date: \_\_\_\_\_